APPENDIX C: SURVEY FORMS

- 1. Form EIA-457A 2009 Residential Energy Consumption Survey Household Questionnaire
- 2. Form EIA-457C Rental Agents, Landlords, and Apartment Managers Questionnaire
- 3. Form EIA-457D Household Bottled Gas (LPG or Propane) Usage
- 4. Form EIA-457E Household Electricity Usage
- 5. Form EIA-457F Household Natural Gas Usage
- 6. Form EIA-457G Household Fuel Oil or Kerosene Usage

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U.S. Department of Energy Energy Information Administration

2009 Residential Energy Consumption Survey

Household Questionnaire

INTRODUCTION TO INTERVIEW

| Hello, I am | from the | We are conducting a |
|------------------------------|---|---------------------|
| study for the U.S. Departmen | nt of Energy about energy consumption i | in homes. |

Although your participation is voluntary, we hope you will participate in this important study of energy usage. Your identity and all the responses you give me will be kept strictly confidential and data will be used for statistical purposes only. We estimate the reporting burden (the time it will take to complete this survey) for this collection of information to average 52 minutes per response.

Any comments you may have regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be sent to the Energy Information Administration, Statistics and Methods Group, EI-70, 1000 Independence Ave., SW, Washington, DC 20585, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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Section CIR: CASE IDENTIFICATION RECORD

| CIR-1 | FIIDI INTERVIEWER INSTRUCTION: ENTER YOUR FIELD INTERVIEWER IDENTIFICATION NUMBER. |
|--------|---|
| | Field Interviewer ID Number |
| CIR-2 | SAMPLEID INTERVIEWER INSTRUCTION: ENTER THE RECS SAMPLE IDENTIFICATION NUMBER FOR THIS HOUSING UNIT. |
| | Sample ID Number |
| CIR-3 | STATEID INTERVIEWER INSTRUCTION: ENTER THE STATE IDENTIFICATION NUMBER FOR THIS HOUSING UNIT. |
| | State ID Number |
| CIR-4 | TYPEHUQ INTERVIEWER INSTRUCTION: RECORD THE TYPE OF HOUSING UNIT AS YOU RECORDED IT IN YOUR HOUSING UNIT NOTES ON PAGE 6 OF THE HOUSING UNIT NOTES/MEASUREMENT BOOKLET FOR THIS CASE. |
| | Single-family detached house (a one-family house detached from any other house) |
| | Apartment in a house or a building with 2-4 units |
| CIR-5a | [If TYPEHUQ=5] NUMFLRS INTERVIEWER INSTRUCTION: RECORD THE NUMBER OF FLOORS IN THIS APARTMENT BUILDING AS YOU RECORDED IT IN YOUR HOUSING UNIT NOTES ON PAGE 6 OF THE HOUSING UNIT NOTES/MEASUREMENT BOOKLET FOR THIS CASE. |
| | Number of floors |
| CIR-5b | [If TYPEHUQ=5] NUMAPTS INTERVIEWER INSTRUCTION: RECORD THE NUMBER OF APARTMENTS IN THIS BUILDING AS YOU RECORDED IT IN YOUR HOUSING UNIT NOTES ON PAGE 6 OF THE HOUSING UNIT NOTES/MEASUREMENT BOOKLET FOR THIS CASE. |
| | Number of units |

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| CIR-6 | WALLTYPE INTERVIEWER INSTRUCTION: RECORD THE MAJOR OUTSIDE WALL CONSTRUCTION MATERIAL FOR THIS HOUSING UNIT ON PAGE 6 OF THE HOUSING UNITES/MEASUREMENT BOOKLET FOR THIS CASE. IF TWO OR MORE MATERIALS AF USED, RECORD ONLY THE ONE MOST USED. | |
|-------|---|---------------|
| | Brick01 | |
| | Wood | |
| | Siding (Aluminum, vinyl, or steel) | |
| | Stucco | |
| | Composition (Shingle) | |
| | Stone | |
| | Concrete or concrete block | |
| | Glass | |
| | | |
| | Other (Specify)09 Indescribable | |
| | indescribable10 | |
| CIR-7 | ROOFTYPE INTERVIEWER INSTRUCTION: RECORD THE MAJOR ROOF MATERIAL FO HOUSING UNIT ON PAGE 6 OF THE HOUSING UNIT NOTES/MEASUREMENT BOOKLET THIS CASE. IF TWO OR MORE MATERIALS ARE USED, RECORD ONLY THE ONE MOST Ceramic or clay tiles | FOR ΓUSED. |
| CIR-8 | CONFIRM Before we begin, I would like to confirm that I am at the correct address. Do you [ENTER THE ADDRESS, CITY, STATE, AND ZIP CODE FROM THE CASE MANAGEMEN' SYSTEM]? Yes | |
| | No | т тиг |
| | HOUSING UNIT YOU ARE SUPPOSED TO INTERVIEWING. EXCUSE YOURSELF AN TERMINATE THE INTERVIEW. | BE |
| | | |

Section A: HOUSING UNIT CHARACTERISTICS

I'd like to start with some general questions about your home including the number of rooms and the home's age.

| | Yes | | | |
|------|---------------------------|--|---------------------------|---|
| | No | 0 | | |
| A-1a | [If CNFF home? I | RMHUQ=0] ALTHUQ Whices it a | ch of the following do | you believe best describes this |
| | | Single-family detached house | e, | 2 |
| | | a Single-family attached hou | | |
| | | an Apartment building with 2 | | |
| | | an Apartment building 5 or n | nore units, or | 5 |
| | | a Mobile home? | | 1 |
| | A-1a1 | REVHUQ INTERVIEWER | INSTRUCTION: IF Y | OU <i>AGREE</i> WITH THE |
| | | HOUSEHOLDS' DESCRIP | ΓΙΟΝ, RECORD "Use | e Householder's Description" BELO |
| | | AND USE THE ALTERNA | | |
| | | THROUGHOUT THE REM | AINDER OF THE IN | TERVIEW. |
| | | IF YOU <i>DISAGREE</i> WITH | THE HOUSEHOLDE | R'S DESCRIPTION, RECORD "U |
| | | | | USEHOLDER THAT: Using the |
| | | | | ergy, they would describe this ho |
| | | | | e recorded that you have describ |
| | | this home as a [ENTER TH | E ALTHUQ HERE] a : | nd will describe it as you have. |
| | | | Definition | |
| | | Use RECS Definition | on | 2 |
| | | | | |
| | | | | out the structure in which you liv |
| | ns structu nent buildi | | uilt as an apartment | building or was it converted into |
| • | | | | |
| | | an apartment buildinged into an apartment building | | |
| | | sa mio un apartment ounamg | | |
| | | | | |
| A-2a | | VERSION=2] <mark>ORIG1FAM \</mark> | Was this structure or | iginally built as a single-family |
| A-2a | [If CON | VERSION=2] ORIG1FAM V | | iginally built as a single-family |
| A-2a | [If CON house? | | 1 | iginally built as a single-family |
| A-2a | [If CON house? | YesNo | | |
| A-2a | [If CONhouse? | YesNo | | s structure where you live more l |
| A-2a | [If CONhouse? | Yes No | | s structure where you live more l t? |

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| A-3 | [If CONVERSION=1 or TYPEHUQ=5] STUDIO Is your apartment a one-room efficiency or studio apartment? |
|------|--|
| | Yes |
| A-4 | [If STUDIO=0] ONEFLRAPT Is the living space of your entire apartment unit on a single level? |
| | Yes |
| | A-4a [If ONEFLRAPT=0] NAPTFLRS How many levels does your apartment unit have? |
| | Number of levels |
| A-5 | [If TYPEHUQ=2,3] STORIES INTERVIEWER INSTRUCTION: SHOW CARD 2. Please look at Card 2. Not including basements or attics, how many stories does your home have? |
| | One story |
| | Two stories |
| | Three stories |
| | Four or more stories |
| | Split-level |
| A-6 | [If TYPEHUQ=1] TYPEHUQ4 Does your mobile home have any permanently attached structures, such as a room or porch that is enclosed from the wind and rain, that weren't part of the mobile home when it was first manufactured? Yes |
| A-7 | BEDROOMS [If STUDIO=0,9] How many bedrooms do you have in your home? [If TYPEHUQ=2, 3,4: Include bedrooms in finished attics or finished basements.] |
| | Number of bedrooms |
| A-8 | NCOMBATH A full bathroom is one that has a sink with running water, a toilet, and either a bathtub or shower. How many full bathrooms do you have in your home? |
| | Number of full bathrooms |
| A-9 | NHAFBATH A half-bathroom is one that has either a toilet or a bathtub or a shower. How many half bathrooms do you have? |
| | Number of half bathrooms |
| A-10 | <u>OTHROOMS</u> [If STUDIO=0,9] Now think about other rooms in your home besides bedrooms and bathrooms. Not including unfinished areas, hallways, and closets, how many other rooms are there in |

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| | your h | ome? | | | | | |
|------|--------|------------------------|--|---------------------|-------------|----------------------|--------|
| | | Number | of other rooms | | | | |
| A-11 | | PEHUQ=2 ark all tha | 2,3,4] Now think about the fout apply.) | undation of your ho | ome. Is any | part of your home o | over |
| | | | | | <u>Yes</u> | <u>No</u> | |
| | | CELLA | R Basement, | | 1 | 0 | |
| | | CRAWI | Crawl Space, or | | 1 | 0 | |
| | | CONCR | RETE Concrete slab? | | 1 | 0 | |
| | A-11a | | LAR=1] BASEFIN Is any pargent in the state of the state o | | inished? Th | nat is, does it have | |
| | | | YesNo | | | | |
| | | A-11a1 | [If BASEFIN=1] FINBASER basement? | MS How many fini | shed rooms | s are there in your | |
| | | | Number of finished | basement rooms | | | |
| | A-11b | [If CELI | LAR=1] <u>BASEHEAT</u> About h ? Is it | ow much of the bas | ement is he | eated during the win | iter |
| | | | All, | 2 | | | |
| | | A-11b1 | [If BASEHEAT=2] PCTBST Please look at Card 3. What months? | | | | |
| | | | Some (5-33%) About half (34-66%) About three-quarters |)s (67-95%) | 2 3 4 | | |
| | A-11c | | LAR=1] BASECOOL About r months? Is it | how much of the ba | sement is a | ir conditioned duri | ng the |
| | | | All, | 2 | | | |
| | | A-11c1 | [If BASECOOL=2] PCTBST Please look at Card 3. What summer months? | | | | |
| | | | Some (5-33%) |) | 2 | | |

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| | | About three-quarters (6/-95%)4 Most of it (96-99%) |
|------|-------|---|
| | A-11d | [If CELLAR=1 and TYPEHUQ=4] BASEUSE About how much of the basement would you say you have exclusive use of? Is it |
| | | All, |
| A-12 | | EHUQ=2,3,4] ATTIC An attic is an area directly below the roof, accessible by stairs, with or you to stand and move about. Does your home have an attic? |
| | | Yes |
| | A-12a | [If ATTIC=1] ATTICFIN Is any part of the attic finished? That is, does it have finishing materials on the floor, ceiling, and walls? |
| | | Yes |
| | | A-12a1 [If ATTICFIN=1] FINATTRMS How many finished rooms are there in your attic? |
| | | Number finished attic rooms |
| | A-12b | [If ATTIC=1] ATTCHEAT About how much of the attic is heated during the winter months? Is it |
| | | All, |
| | | A-12b1 [If ATTCHEAT=2] PCTATTHT INTERVIEWER INSTRUCTION: SHOW CARD 3. Please look at Card 3. What portion of the attic is heated during the winter months? |
| | | Very little (1-4%) 1 Some (5-33%) 2 About half (34-66%) 3 About three-quarters (67-95%) 4 Most of it (96-99%) 5 |
| | A-12c | [If ATTIC=1] ATTCCOOL About how much of the attic is air conditioned during the summer months? Is it |
| | | All, |
| | | A-12c1 [If ATTCCOOL=2] PCTATTCL INTERVIEWER INSTRUCTION: SHOW CARD 3. Please look at Card 3. What portion of the attic is air conditioned during the summer months? |
| | | Very little (1-4%)1 |

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| | | Some (5-33%) |
|------|---------------|---|
| | A-12d | [If ATTIC=1 and TYPEHUQ=4] ATTICUSE About how much of the attic would you say you have <i>exclusive</i> use of? Is it |
| | | All, |
| A-13 | [If TYP home? | EHUQ=1,2,3] PRKGPLC1 Does your home have a garage that is attached to or part of your |
| | | Yes |
| | A-13a | [If PRKGPLC1=1] GARAGE1C GARAGE2C GARAGE3C What is the size of that attached garage? Is it a |
| | | One-car garage, |
| | | A-13a1 [If PRKGPLC1=1] GARGLOC Is the garage attached to or part of the [If CELLAR=1: basement,] first floor, or some other floor of the home? |
| | | Basement 1 First floor 2 Some other floor 3 |
| | | A-13a2 [If PRKGPLC1=1] GARGHEAT Is the garage heated during the winter months? |
| | | Yes |
| | | A-13a3 [If PRKGPLC1=1] GARGCOOL Is the garage air conditioned during the summer months? |
| | | Yes |
| | A-13b | [If PRKGPLC1=0] PRKGPLC2 Does your home have a detached garage or covered carport? |
| | | Yes |
| | | A-13b1 [If PRKGPLC2=1] Which does your home have? Is it a (Mark all that apply.) |
| | | DGARG1C One-car garage, 1 DGARG2C Two-car garage, 2 DGARG3C Three-or-more-car garage, or 3 CARPORT Carport? 4 |

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| A-14 | KOWN | <u>RENT</u> Do you or members of your household own this home or do you rent it? |
|------|-------|---|
| | | Own/Buying1 |
| | | Rent |
| | A-14a | [If KOWNRENT=2,3] HUPROJ Is this residence part of a public housing authority? |
| | | Yes |
| | | A-14a1 [If HUPROJ=0] RENTHELP Does your household receive financial assistance from the federal, state, or local government to help pay part or all of the rent? |
| | | Yes |
| A-15 | KOWN | ICOND Is this home part of a condominium or cooperative? |
| | | Yes |
| | A-15a | [If KOWNCOND=1] CONDCOOP Which is it, a condominium or a cooperative? |
| | | Condominium |
| A-16 | YEARM | <u>MADE</u> In what year was this structure built? Your best estimate is fine. |
| | | Year built |
| | A-16a | [If YEARMADE=DK] <u>YEARMADERANGE</u> INTERVIEWER INSTRUCTION: SHOW CARD 4. Please look at Card 4. Although you do not know the exact year this structure was built, it is helpful to have an estimate. About when was this structure built?? |
| | | Before 1950 1950 to 1959 1960 to 1969 1970 to 1979 1980 to 1989 1990 to 1999 2000 to 2004 2005 to 2009 |
| A-17 | OCCU: | PYY In what year did your household move in? Your best estimate is fine. |
| | | Year moved in |
| | A-17a | [If OCCUPYY=DK] OCCUPYYRANGE INTERVIEWER INSTRUCTION: SHOW CARD 4. Please look at Card 4. Although you do not know the exact year your household moved in, it is helpful to have an estimate. About when did your household move in? |

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| | 1970 to 1979 1980 to 1989 1990 to 1999 2000 to 2004 2005 to 2009 | | | |
|------|---|---|---|--|
| A-18 | [If OCCUPYY=2008,2009] OCC | UPYM In wha | t month of that year did | your household move in? |
| | January | 01 | July | 07 |
| | February | | August | |
| | March | | September | 09 |
| | April | | October | |
| | May | | November | |
| | June | 06 | December | 12 |
| A-19 | URBRUR Which of the followin town, the suburbs, or in a rural City Town Suburbs Rural | area? 1 2 3 | es the location of your ho | ome? Do you live in a city, a |
| A-20 | UGASHERE Is natural gas from | ı underground | pipes available in this n | eighborhood? |
| | Yes No | | | |
| A-21 | IVCOMMA INTERVIEWER INSCHARACTERISTICS OF THIS INTERESPONDENT'S ANSWER TO DESCRIBE UNIQUE HOUSESPACE TO HELP EXPLAIN EXTERNAL EXPLAIN | HOUSING UNI RS. COMMEN' ING UNIT OR | T THAT MIGHT PROV TS ARE NOT REQUIRE HOUSEHOLD CHARAG | IDE CLARIFICATION TO D BUT ARE ENCOURAGEI CTERISTICS. USE THIS |
| | | | | |
| | | | | |
| | | | | |

Before 1950 1950 to 1959 1960 to 1969

Section B: KITCHEN APPLIANCES

SECTION INTRODUCTION: Now I would like you to think about the appliances in your kitchen.

| | Number of Stoves |
|--------|---|
| B-1a | [If STOVEN>0] STOVENFUEL What fuel does your [If STOVEN>1: most used] stove use? Is it |
| | Electricity, |
| STOV | E Now look at the second picture. How many separate cooktops do you have? |
| | Number of Separate Cooktops |
| B-2a | [If STOVE>0] STOVEFUEL What fuel does your [If STOVE>1: most used] separate cooktop use? Is it |
| | Electricity, |
| OVEN | Now look at the third picture. How many separate wall ovens do you have? |
| | Number of Separate Ovens |
| B-3a | [If OVEN>0] $\overline{\textit{OVENFUEL}}$ What fuel does your [If OVEN>1: most used] separate wall oven use? Is it |
| | Electricity, |
| at Car | OVEN>0 or OVEN>0] OVENUSE INTERVIEWER INSTRUCTION: SHOW CARD 6. Please look and 6. Which of the categories shown best describes how often the [If OVEN+STOVEN>1: most oven is used? |
| | Three or more times a day |

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| | | A few times each week |
|-----|-------|---|
| | B-4a | [If STOVEN>0 or OVEN>0] OVENCLN Does the [If OVEN+STOVEN>1: most used] oven have a self-cleaning feature? |
| | | Yes |
| | | B-4a1 [If OVENCLN=1] TYPECLN Does the self-cleaning oven clean continuously or do you have to manually start the cleaning cycle? |
| | | Cleans continuously |
| B-5 | MICR | O Is a microwave oven used by your household? |
| | | Yes |
| | B-5a | [If MICRO=1] AMTMICRO INTERVIEWER INSTRUCTION: SHOW CARD 7. Please look at Card 7. Which answer best describes how your household uses the microwave to prepare hot meals and snacks? |
| | B-5b | Used to cook or reheat <i>most</i> meals and snacks |
| | | Yes |
| B-6 | OUTG | RILL Is an outdoor grill used by your household? |
| | | Yes |
| | B-6a | [If OUTGRILL=1] OUTGRILLFUEL What fuel does your outdoor grill use? Is it |
| | | Natural gas from underground pipes, |
| B-7 | TOPGR | ILL Is a built-in indoor grill used by your household? |
| | | Yes1 |

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| | B-7a | [If TOPGRILL=1] STGRILA What fuel does your built-in grill use? Is it |
|--------|----------|---|
| | | Electricity, |
| | | Natural gas from underground pipes,01 |
| | | Propane (bottled gas), or |
| | | Some other fuel? (Specify)21 |
| | | Some other ruer: (Speerly)21 |
| B-8 | TOAS | TER Is a toaster oven used by your household? |
| | | V |
| | | Yes1 |
| | | No0 |
| B-9 | | MEAL INTERVIEWER INSTRUCTION: SHOW CARD 6. Please look at Card 6. Which of the |
| | catego | ries shown best describes how often hot meals are cooked in your home? |
| | | Three or more times a day 1 |
| | | Two times a day |
| | | Once a day 3 |
| | | A few times each week4 |
| | | About once a week |
| | | Less than once a week6 |
| | | Doesn't cook/Never cooks (If volunteered)0 |
| B-10 | [ENTE | re than one fuel is used for cooking] FUELFOOD You mentioned that your household uses ER THE NAMES OF FUELS USED FOR COOKING] to prepare hot meals. Which of these fuels most for cooking in your home? |
| | | Electricity05 |
| | | Natural gas from underground pipes01 |
| | | Propane (bottled gas)02 |
| | | Some other fuel (Specify)21 |
| B-11 | COFFI | EE Is a coffee maker used by your household? |
| | | Yes1 |
| | | No0 |
| | | 1100 |
| Next I | 'm going | to ask about some other appliances. |
| B-12 | NUMF | FRIG How many refrigerators are plugged-in in your home? |
| | | Number of Refrigerators |
| | _ | |
| B-13 | | <u>RFR1</u> INTERVIEWER INSTRUCTION: SHOW CARD 8. Please look at Card 8. Which of the es best describes [If NUMFRIG=1 your refrigerator?; If NUMFRIG>1 the refrigerator used the |

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| | Full-size with one door | |
|-------|--|-----------------------------------|
| | Full-size with two doors, freezer <i>above</i> the refrigerator | |
| | Full-size with two doors, freezer <i>below</i> the refrigerator | |
| | Full-size with three or more doors | |
| | Half-size or compact | |
| | Some other kind | |
| | | |
| B-13a | SIZRFRII INTERVIEWER INSTRUCTION: SHOW CARD would you describe the size of this refrigerator? | 9. Please look at Card 9. How |
| | would you describe the size of this refrigerator: | |
| | Small (14 cubic feet or less)2 | |
| | Medium (15 to 18 cubic feet) | |
| | Large (19 to 22 cubic feet) | |
| | Very Large (more than 22 cubic feet) 5 | |
| B-13b | REFRIGTI What type of defrosting does this refrigerator h | nave? Is it |
| | Maguel | 1 |
| | Manual Frost-free? (either automatic or semi-automatic) | |
| | , | |
| | No working freezer section (if volunteered) | 3 |
| B-13c | ICE Does this refrigerator have through-the-door ice and v | water service? |
| | Yes 1 | |
| | No 0 | |
| D 121 | Land Park Division of the Control of | |
| B-13d | AGERFRII INTERVIEWER INSTRUCTION: SHOW CARI how old is this refrigerator? Your best estimate is fine. | 1. Please look at Card 1. About |
| | now old is this refrigerator. Tour best estimate is fine. | |
| | Less than 2 years old | |
| | 2 to 4 years old | |
| | 5 to 9 years old | |
| | 10 to 14 years old | |
| | 15 to 19 years old | |
| | 20 years or older 05 | |
| | As old as the home (if volunteered) 06 | |
| - 44 | 570 L GERERAL AL 04 04 05 07 PHILE THE PRINCE OF THE PRINC | |
| B-13e | [If AGERFRI1=01,02,03,DK] ESFRIG INTERVIEWER INS Please look at Card 41. Is this refrigerator an <i>Energy Star</i> : | |
| | riease look at Card 41. Is this refrigerator all Energy Star | аррпапсе: |
| | Yes1 | |
| | No0 | |
| | | |
| B-13f | [If AGERFRI1=01 or (AGERFRI1=02 and OCCUPYY≠2009 | |
| | suggest you've replaced the refrigerator you use the most s | since your household moved in. Is |
| | that correct? | |
| | Yes1 | |
| | No0 | |
| B-13g | [If REPLCFRI=1] <i>HELPFRI</i> INTERVIEWER INSTRUCTIO | N. SHOW CARD 10 Some |
| D-138 | homeowners receive government or energy supplier assista | |
| | refrigerators. Please look at Card 10. Which of the following | |
| | all of the cost of the new most frequently used refrigerator | ? |
| | | |

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| | | Did not receive any assistance 0 Manufacturer or retailer rebate 1 |
|-------|------------|--|
| | | Utility or energy supplier rebate |
| | | Tax credit |
| | | Subsidized loan |
| | | Weatherization assistance |
| | B-13h | [If HELPFRI>0] HELPFRIY In what year did you receive this assistance? |
| | D-13II | |
| | | 2006 |
| | | 2008 |
| | | 20094 |
| INTER | VIEWER | R INSTRUCTION: IF NUMFRIG<2, GO TO QUESTION B-16. OTHERWISE, READ: Now I |
| | like to as | k you the same questions about the [If NUMFRIG=2: other; If NUMFRIG>2: second most-used] |
| _ | | TIES INTERNALEMENT INCOMPACTION CHOW CARD O IN |
| B-14 | | FR2 INTERVIEWER INSTRUCTION: SHOW CARD 8. Please look at Card 8. Which of the s best describes this second refrigerator? |
| | | Full-size with one door01 |
| | | Full-size with two doors, freezer <i>next</i> to the refrigerator21 |
| | | Full-size with two doors, freezer <i>above</i> the refrigerator |
| | | Full-size with two doors, freezer <i>below</i> the refrigerator23 |
| | | Full-size with three or more doors |
| | | Half-size or compact |
| | | Some other kind04 |
| | B-14a | SIZRFRI2 INTERVIEWER INSTRUCTION: SHOW CARD 9. Please look at Card 9. How |
| | | would you describe the size of this refrigerator? |
| | | Small (14 cubic feet or less) |
| | | Medium (15 to 18 cubic feet) |
| | | Large (19 to 22 cubic feet)4 |
| | | Very Large (more than 22 cubic feet) 5 |
| | B-14b | REFRIGT2 What type of defrosting does this refrigerator have? Is it |
| | | Manual or 1 |
| | | Frost-free? (either automatic or semi-automatic) |
| | | No working freezer section (if volunteered)3 |
| | B-14c | MONRFRI2 During 2009, how many months was this refrigerator plugged in? |
| | | Number of months |
| | B-14d | AGERFRI2 INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. About |
| | | how old is this refrigerator? Your best estimate is fine. |
| | | Less than 2 years old |
| | | 2 to 4 years old |
| | | 5 to 9 years old |

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| | | 10 to 14 years old |
|------|-------|--|
| | B-14e | [If AGERFRI2 =01,02,03,DK] ESFRIG2 INTERVIEWER INSTRUCTION: SHOW CARD 41. Please look at Card 41. Is this refrigerator an <i>Energy Star</i> appliance? |
| | | Yes |
| | | INSTRUCTION: IF NUMFRIG<3 GO TO QUESTION B-16. OTHERWISE, READ THIS ON: Now I would like to ask you the same questions about your <i>third most used</i> refrigerator. |
| B-15 | | FR3 INTERVIEWER INSTRUCTION: SHOW CARD 8. Please look at Card 8. Which of the s best describes this third refrigerator? |
| | | Full-size with one door |
| | B-15a | SIZRFRI3 INTERVIEWER INSTRUCTION: SHOW CARD 9. Please look at Card 9. How would you describe the size of this refrigerator? Small (14 cubic feet or less) |
| | D 161 | Large (19 to 22 cubic feet) |
| | B-15b | Manual or |
| | B-15c | MONRFRI3 During 2009, how many months was this refrigerator plugged in? Number of months |
| | B-15d | AGERFRI3 INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. About how old is this refrigerator? |
| | | Less than 2 years old |

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| | B-15e | [If AGERFRI3 =01,02,03,DK] ESFRIG3 INTERVIEWER INSTRUCTION: SHOW CARD 41. Please look at Card 41. Is this refrigerator an <i>Energy Star</i> appliance? |
|------|-------|---|
| | | Yes |
| B-16 | SEPFR | EEZ Does your household use a separate freezer that is not part of a refrigerator? |
| | | Yes |
| | B-16a | [If SEPFREEZ=1] NUMFREEZ How many separate freezers are used in your home? |
| | | One 1 Two 2 Three or more 3 |
| | | R INSTRUCTION: IF SEPFREEZ=1, READ THIS INTRODUCTION: Now I would like to ask about the separate freezer that is used the most. |
| B-17 | UPRTI | FRZR What model freezer is this? Is it |
| | | An upright or (vertical cabinet with a door on the front) |
| | | INTERVIEWER INSTRUCTION: IF NECESSARY, EXPLAIN THAT AN UPRIGHT FREEZER IS A VERTICAL CABINET WITH A DOOR ON THE FRONT AND THAT A CHEST TYPE FREEZER IS A HORIZONTAL CABINET WITH THE DOOR ON THE TOP. |
| | B-17a | SIZFREEZ INTERVIEWER INSTRUCTION: SHOW CARD 11. Please look at Card 11. How would you describe the size of this freezer? |
| | | Small (14 cubic feet or less) 1 |
| | | Medium (15 to 18 cubic feet) |
| | B-17b | FREEZER What type of defrosting does this freezer have? Is it |
| | | Manual or |
| | B-17c | AGEFRZR INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. About how old is this freezer? |
| | | Less than 2 years old. 01 2 to 4 years old. 02 5 to 9 years old. 03 10 to 14 years old. 41 15 to 19 years old. 42 20 years or older. 05 As old as the home (if volunteered). 06 |
| | B-17d | [[If AGEFRZR=01 or (AGEFRZR=02 and OCCUPYY≠2009, 2010)]] REPLCFRZ Your |

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| | Is that correct? |
|-------|--|
| | Yes |
| B-17e | [If REPLCFRZ=1] <u>HELPFRZ</u> INTERVIEWER INSTRUCTION: SHOW CARD 12. Some homeowners receive government or energy supplier assistance in paying for new freezers. Please look at Card 12. Which of the following, if any, helped pay for some or all of the cost of the new most frequently used freezer? |
| | Did not receive any assistance 0 |
| | Manufacturer or retailer rebate |
| | Utility or energy supplier rebate |
| | Subsidized loan4 |
| B-17f | [If HELPFRZ>0] HELPFRZY In what year did you receive this assistance? |
| | 2006 1 |
| | 20072 |
| | 2008 |
| | 20094 |
| | R INSTRUCTION: IF NUMFREEZ<2 GO TO QUESTION B-19. OTHERWISE, READ: Now I sk you the same questions about the second [If NUMFRIG>2: most used] freezer. |
| | FRZR2 What model freezer is this? Is it |
| CIKII | What model neezer is this. Is it |
| | An upright or (vertical cabinet with a door on the front) |
| | INTERVIEWER INSTRUCTION: IF NECESSARY, EXPLAIN THAT AN UPRIGHT FREEZER IS A VERTICAL CABINET WITH A DOOR ON THE FRONT AND THAT A CHEST TYPE FREEZER IS A HORIZONTAL CABINET WITH THE DOOR ON THE TOP. |
| B-18a | SIZFREEZ2 INTERVIEWER INSTRUCTION: SHOW CARD 11. Please look at Card 11. How would you describe the size of this freezer? |
| | Small (14 cubic feet or less) 1 |
| | |
| | Medium (15 to 18 cubic feet) |
| | |
| B-18b | Medium (15 to 18 cubic feet) |
| B-18b | Medium (15 to 18 cubic feet) |
| B-18b | Medium (15 to 18 cubic feet) |
| | Medium (15 to 18 cubic feet) |
| | Medium (15 to 18 cubic feet) |
| | B-17f RVIEWER like to as |

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| | | 15 to 19 years old |
|------|-------|--|
| B-19 | DISHW | VASH Is an automatic dishwasher used by your household? |
| | | Yes |
| | B-19a | [If DISHWASH=1] DWASHUSE INTERVIEWER INSTRUCTION: SHOW CARD 13. Please look at Card 13. Which category best describes how often your dishwasher is used? |
| | | At least once each day |
| | | 4 to 6 times a week |
| | | 2 or 3 times a week |
| | | Once each week |
| | | Less than once each week11 |
| | B-19b | AGEDW INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. About how old is your dishwasher? Your best estimate is fine. |
| | | Less than 2 years old |
| | | 2 to 4 years old |
| | | 5 to 9 years old |
| | | 10 to 14 years old |
| | | 15 to 19 years old |
| | | 20 years or older 05 |
| | | As old as the home (if volunteered) 06 |
| | | B-19b1 [If AGEDW=01,02,03,DK] ESDISHW INTERVIEWER INSTRUCTION: SHOW CARD 41. Please look at Card 41. Is your dishwasher an <i>Energy Star</i> appliance? |
| | | Yes 1 |
| | | No0 |
| | B-19c | [If AGEDW=01 or (AGEDW=02 and OCCUPYY\neq 2009, 2010)] \(\begin{align*} \begin{align*} REPLCDW \end{align*} Your answers suggest you've replaced the dishwasher in your home since your household moved in. Is that correct? |
| | | Yes |
| | B-19d | [If REPLCDW=1] HELPDW INTERVIEWER INSTRUCTION: SHOW CARD 12. Some homeowners receive government or energy supplier assistance in paying for new dishwashers. Please look at Card 12. Which of the following, if any, helped pay for some or all of the cost of the new dishwasher? |
| | | Did not receive any assistance |
| | D 10a | III HELPDW>01 HELPDWM In what year did you receive this assistance? |

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| | OMMB INTER | | | | | | |
|-----|--------------|-------------|----------|-----------|-----------|---------|---------|
| | RESPONDEN | | | = ' | | | |
| | DESCRIBE UNI | - | | | | | SE THIS |
| SPA | CE TO HELP E | APLAIN EXTE | KAUKDINA | KY UK ABN | OKMAL KES | PUNSES. | |
| | | | | | | | |

Section C: HOME APPLIANCES AND ELECTRONICS

Now I have some questions about the use of other appliances and electronic devices in your home.

| | LIKE=2 or TYPEHUQ=5 READ THE FOLLOWING: Do not include community clothes rs that are located in the basement or laundry room of your apartment building. |
|------|--|
| | Yes |
| C-1a | [If CWASHER=1] TOPFRONT Is your washing machine one that you load from the top one that you load from the front? |
| | Top loading |
| C-1b | [If CWASHER=1] WASHLOAD INTERVIEWER INSTRUCTION: SHOW CARD 14. Pleas look at Card 14. In an average week, how many loads of laundry are washed in your clowasher? |
| | 1 load or less each week |
| C-1c | [If CWASHER=1] WASHTEMP What water temperature setting is usually used for the cycle of your clothes washer? Is it hot, warm, or cold water? |
| | Hot |
| C-1d | [If CWASHER=1] RNSETEMP What water temperature setting is usually used for the r cycle of your clothes washer? Is it hot, warm, or cold water? |
| | Hot |
| C-1e | [If CWASHER=1] AGECWASH INTERVIEWER INSTRUCTION: SHOW CARD 1. Pleas look at Card 1. About how old is your clothes washer? Your best estimate is fine. |
| | Less than 2 years old 01 2 to 4 years old 02 5 to 9 years old 03 10 to 14 years old 41 15 to 19 years old 42 20 years or older 05 As old as the home (if volunteered) 06 |
| | C-1e1 [If AGECWASH=01,02,03,DK] ESCWASH INTERVIEWER INSTRUCTION: SH |

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| | | CARD 41. Please look at Card 41. Is your clothes washer an <i>Energy Star</i> appliance? |
|-------|---------|---|
| | | Yes |
| | C-1f | [If AGECWASH=01 or (AGECWASH=02 and OCCUPYY≠2009, 2010)] REPLCCW Your answers suggest you've replaced the clothes washer in your home since your household moved in. Is that correct? |
| | | Yes |
| | C-1g | [If REPLCCW=1] <u>HELPCW</u> INTERVIEWER INSTRUCTION: SHOW CARD 12. Some homeowners receive government or energy supplier assistance in paying for new clothes washers. Please look at Card 12. Which of the following, if any, helped pay for some or all of the cost of the new clothes washer? |
| | | Did not receive any assistance |
| | C-1h | [If HELPCW>0] HELPCWY In what year did you receive this assistance? |
| | | 2006 1 2007 2 2008 3 2009 4 |
| C-2 | or TYP | Do you use a clothes dryer in your home? INTERVIEWER INSTRUCTION: IF LOOKLIKE=2 EHUQ=5 READ THE FOLLOWING: Do not include community clothes dryers that are located pasement or laundry room of your apartment building. |
| | | Yes |
| | C-2a | [If DRYER=1] DRYRFUEL What fuel does your clothes dryer use? Is it |
| | | Electricity,05 |
| Natur | ral gas | from underground pipes, or |
| | C-2b | Propane (bottled gas)? |
| | | Use it every time you wash clothes |
| | C-2c | [If DRYER=1] AGECDRYER INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. About how old is your clothes dryer? Your best estimate is fine. |

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| | Less than 2 years old 01 2 to 4 years old 02 5 to 9 years old 03 10 to 14 years old 41 15 to 19 years old 42 20 years or older 05 As old as the home (if volunteered) 06 |
|------|--|
| C-3 | TVCOLOR How many televisions are plugged-in in your home? |
| | Number of televisions |
| C-4a | [If TVCOLOR>0] TVSIZE1 What is the size of your [If TVCOLOR>1: most used] television? Is it |
| | 20 inches or less |
| C-4b | [If TVCOLOR>0] TVTYPEI INTERVIEWER INSTRUCTION: SHOW CARD 16. Please look at Card 16. What type of display does your [If TVCOLOR>1: most used] television have? |
| | Standard Tube 1 Flat Screen LCD 2 Flat Screen Plasma 3 Projection 4 |
| C-4c | [If TVCOLOR>0] CABLESAT1 Is your [If TVCOLOR>1: most used] television connected to a cable box, a satellite box, or neither? |
| | Cable box 1 Satellite box 2 Neither 0 |
| C-4d | [If CABLESAT1>0] COMBODVR1 Does this [If CABLESAT1=1: cable; If CABLESAT1=2: satellite] box have a DVR built in? |
| | Yes |
| C-4e | [If CABLESAT1=0 or COMBODVR1=0] DVR] Is your [If TVCOLOR>1: most used] television connected to a DVR [If CABLESAT1=1: separate from the cable box; If CABLESAT1=2: separate from the satellite box]? |
| | Yes |
| C-4f | [If TVCOLOR>0] INTERVIEWER INSTRUCTION: SHOW CARD 17. Please look at Card 17. What other types of devices are connected to your [If TVCOLOR>1: most used] television? (Mark all that apply.) |
| | YES NO DIGITSTB1 Digital converter box |
| | |

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| | PLAYSTA1 Video game console | |
|------|--|-------------------------|
| | COMBOVCRDVDI Combo DVD/VCR | |
| | VCR1 VCR | |
| | DVD1 DVD player or recorder | |
| | TVAUDIOSYS1 Home theater system | |
| | OTHERSTB1 Other type of set top box | 0 |
| C-4g | [If TVCOLOR>0] TVONWD1 INTERVIEWER INSTRUCTION: SHOW CARI Card 18. Thinking about this television's use on weekdays, how many hours on each day? Include the time it is on even if no one is actually watching it. | |
| | Less than 1 hour1 | |
| | 1 to 3 hours2 | |
| | 3 to 6 hours3 | |
| | 6 to 10 hours4 | |
| | More than 10 hours5 | |
| C-4h | [If PLAYSTA1=1] TVONWDWATCH1 Of this time, how much is spent playi | ng video games? |
| | None0 | |
| | Little4 | |
| | Half3 | |
| | Most2 | |
| | All1 | |
| C-4i | [If TVCOLOR>0] TVONWEI INTERVIEWER INSTRUCTION: SHOW CARI 18. Thinking about this television's use on weekends, how many hours is this each day? Include the time it is on even if no one is actually watching it. Less than 1 hour | |
| | 3 to 6 hours | |
| | 6 to 10 hours4 | |
| | More than 10 hours5 | |
| C-4j | [If TVCOLOR>0] TVONWEWATCH1 Of this time, how much is spent playing | g video games? |
| | None0 | |
| | Little4 | |
| | Half3 | |
| | Most 2 | |
| | All1 | |
| | | |
| C-5a | [If TVCOLOR>1] TVSIZE2 What is the size of the second most used televisio | n in your home? |
| | 20 inches or less | |
| C-5b | [If TVCOLOR>1] TVTYPE2 INTERVIEWER INSTRUCTION: SHOW CARD 16. What type of display does the second most used television have? | 16. Please look at Card |
| | Standard Tube | |

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| | Flat-screen Plasma | |
|------|---|--------|
| C-5c | [If TVCOLOR>1] CABLESAT2 Is this television connected to a cable box, a satellite box, or ne | ither? |
| | Cable box 1 Satellite box 2 Neither 0 | |
| C-5d | [If CABLESAT2>0] COMBODVR2 Does this [If CABLESAT2=1: cable; If CABLESAT2=2: sate box have a DVR built in? | llite] |
| | Yes | |
| C-5e | [If CABLESAT2=0 or COMBODVR2=0] DVR2 Is this television connected to a DVR [If CABLESAT2=1: separate from the cable box; If CABLESAT2=2: separate from the satellite box] | ? |
| | Yes | |
| C-5f | [If TVCOLOR>1] INTERVIEWER INSTRUCTION: SHOW CARD 17. Please look at Card 17. V other types of devices are connected to this television? (Mark all that apply.) | Vhat |
| | YES NO | |
| | DIGITSTB1 Digital converter box 1 0 PLAYSTA1 Video game console 1 0 COMBOVCRDVD1 Combo DVD/VCR 1 0 VCR1 VCR 1 0 DVD1 DVD player or recorder 1 0 | |
| | TVAUDIOSYS1 Home theater system 1 0 OTHERSTB1 Other type of set top box 1 0 | |
| C-5g | [If TVCOLOR>1] TVONWD2 INTERVIEWER INSTRUCTION: SHOW CARD 18. Please look a Card 18. Thinking about this television's use on weekdays, how many hours is this television to on each day? Include the time it is on even if no one is actually watching it. | |
| | Less than 1 hour 1 1 to 3 hours 2 3 to 6 hours 3 6 to 10 hours 4 More than 10 hours 5 | |
| C-5h | [If PLAYSTA2=1] TVONWDWATCH2 Of this time, how much is spent playing video games? | |
| | None 0 Little 4 Half 3 Most 2 All 1 | |
| C-5i | [If TVCOLOR>1] TVONWE2 INTERVIEWER INSTRUCTION: SHOW CARD 18. Please look a 18. Thinking about this television's use on weekends, how many hours is this television turned | |

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each day? Include the time it is on even if no one is actually watching it.

| | Less than 1 hour1 | |
|------|---|--------|
| | 1 to 3 hours2 | |
| | 3 to 6 hours3 | |
| | 6 to 10 hours4 | |
| | More than 10 hours5 | |
| C-5j | [If PLAYSTA2=1] TVONWEWATCH2 Of this time, how much is spent playing video games? | |
| | None0 | |
| | Little4 | |
| | Half3 | |
| | Most2 | |
| | All1 | |
| C-6a | [If TVCOLOR>2] TVSIZE3 What is the size of the third most used television in your home? | |
| | | |
| | 20 inches or less | |
| | 37 inches or more | |
| | | |
| C-6b | [If TVCOLOR>2] TVTYPE3 INTERVIEWER INSTRUCTION: SHOW CARD 16. Please look at 16. Please look at Card XX. What type of display does the third most used television have? | Card |
| | Standard tube1 | |
| | Flat-Screen LCD2 | |
| | Flat-Screen Plasma 3 | |
| | Projection4 | |
| C-6c | [If TVCOLOR>2] CABLESAT3 Is this television connected to a cable box, a satellite box, or ne | ither? |
| | Cable box1 | |
| | Satellite box | |
| | Neither | |
| | | |
| C-6d | [If CABLESAT3>0] COMBODVR3 Does this [If CABLESAT3=1: cable; If CABLESAT3=2: sate box have a DVR built in? | llite] |
| | Yes1 | |
| | No0 | |
| C-6e | [If CABLESAT3=0 or COMBODVR3=0] DVR3 Is this television connected to a DVR [If | |
| | CABLESAT3=1: separate from the cable box; If CABLESAT3=2: separate from the satellite box] | ? |
| | Yes1 | |
| | No0 | |
| C-6f | [If TVCOLOR>2] INTERVIEWER INSTRUCTION: SHOW CARD 17. Please look at Card 17. Vother types of devices are connected to this television? (Mark all that apply.) | Vhat |
| | YES NO | |
| | DIGITSTB3 Digital converter box | |
| | PLAYSTA3 Video game console | |
| | COMBOVCRDVD3 Combo DVD/VCR | |
| | VCR3 VCR | |
| | | |

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| | | DVD3 DVD player or recorder | |
|------|-----------------|--|-------------------------|
| | | TVAUDIOSYS3 Home theater system | 10 |
| | | OTHERSTB3 Other type of set top box | 0 |
| C-6g | [If TV | COLOR>2] TVONWD3 INTERVIEWER INSTRUCTION: SHOW CARD | 18. Please look at |
| _ | | 18. Thinking about this television's use on weekdays, how many hours is | |
| | on eac | ch day? Include the time it is on even if no one is actually watching it. | |
| | | Less than 1 hour1 | |
| | | 1 to 3 hours2 | |
| | | 3 to 6 hours3 | |
| | | 6 to 10 hours4 | |
| | | More than 10 hours5 | |
| C-6h | [If PLA | AYSTA2=1] TVONWDWATCH3 Of this time, how much is spent playing | g video games? |
| | | None0 | |
| | | Little4 | |
| | | Half3 | |
| | | Most2 | |
| | | All1 | |
| C-6i | [If TV | COLOR>2] TVONWE3 INTERVIEWER INSTRUCTION: SHOW CARD | 18. Please look at Card |
| | 18. Th | inking about this television's use on weekends, how many hours is this te | elevision turned on |
| | each d | ay? Include the time it is on even if no one is actually watching it. | |
| | | Less than 1 hour1 | |
| | | 1 to 3 hours2 | |
| | | 3 to 6 hours3 | |
| | | 6 to 10 hours4 | |
| | | More than 10 hours5 | |
| C-6j | [If PLA | AYSTA2=1] TVONWEWATCH3 Of this time, how much is spent playing | ; video games? |
| | | None0 | |
| | | Little4 | |
| | | Half3 | |
| | | Most2 | |
| | | All1 | |
| C-7 | COMF | PUTER INTERVIEWER INSTRUCTION: SHOW CARD 19. Please look at | Card 19. Does anyone |
| | in you compu | r household use a personal computer at home? Include both desktop and iters. | laptop personal |
| | | Yes1 | |
| | | No0 | |
| | C-7a | [If COMPUTER=1] NUMPC How many computers are used in your ho | ome? |
| | | Number of computers | |
| | | | |
| C-8a | [If NU | MPC>0] PCTYPE1 INTERVIEWER INSTRUCTION: SHOW CARD 19. P | lease look at Card 19. |
| | | ing about your [If NI IMPC>1: most used computer is it a desktop model | |

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| | netboo | k? |
|------|---------|---|
| | | Desktop model |
| | C-8a1 | [IF PCTYPE1=1] MONITOR1 INTERVIEWER INSTRUCTION: SHOW CARD 20. Please look at Card 20. Is this computer's monitor a flat-panel LCD? |
| | | Yes (Flat-panel LCD) 1 No (CRT) 0 |
| C-8b | | MPC>0] TIMEON1 INTERVIEWER INSTRUCTION: SHOW CARD 18. Please look at Card 18. ng about your [If NUMPC>1: most used] computer, how many hours each day is it used? |
| | | Less than 1 hour 1 1 to 3 hours 2 3 to 6 hours 3 6 to 10 hours 4 More than 10 hours 5 |
| C-8c | [If NUI | MPC>0] PCONOFF1 When this computer is not in use is the power usually turned off? |
| | | Yes |
| | C-8c1 | [IF PCONOFF1=0] PCSLEEP1 When this computer is not in use does it go into a sleep or standby mode? |
| | | Yes |
| C-9a | | MPC>1] PCTYPE2 INTERVIEWER INSTRUCTION: SHOW CARD 19. Please look at Card 19. ng about the second most used computer, is it a desktop model or a laptop or netbook? |
| | | Desktop model |
| | C-9a1 | [IF PCTYPE2=1] MONITOR2 INTERVIEWER INSTRUCTION: SHOW CARD 20. Please look at Card 20. Is this computer's monitor a flat-panel LCD? |
| | | Yes (Flat-panel LCD) 1 No (CRT) 0 |
| C-9b | | MPC>1] TIMEON2 INTERVIEWER INSTRUCTION: SHOW CARD 18. Please look at Card 18. ng about the second most used computer, how many hours each day is it used? |
| | | Less than 1 hour 1 1 to 3 hours 2 3 to 6 hours 3 6 to 10 hours 4 More than 10 hours 5 |
| C-9c | [If NUI | MPC>1] PCONOFF2 When this computer is not in use is the power usually turned off? |

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| | | Yes | |
|-------|---------|---|-----------|
| | C-9c1 | [IF PCONOFF2=0] PCSLEEP2 When this computer is not in use does it go into a sleep of standby mode? | r |
| | | Yes | |
| C-10a | | MPC>2] PCTYPE3 INTERVIEWER INSTRUCTION: SHOW CARD 19. Please look at Care ng about the <i>third most used</i> computer, is it a desktop model or a laptop or netbook? | d 19. |
| | | Desktop model | |
| | C-10a1 | [IF PCTYPE3=1] MONITOR3 INTERVIEWER INSTRUCTION: SHOW CARD 20. Pleas look at Card 20. Is this computer's monitor a flat-panel LCD? | e |
| | | Yes (Flat-panel LCD) | |
| C-10b | | MPC>2] TIMEON3 INTERVIEWER INSTRUCTION: SHOW CARD 18. Please look at Carng about the <i>third most used</i> computer, how many hours each day is it used? | d 18. |
| | | Less than 1 hour 1 1 to 3 hours 2 3 to 6 hours 3 6 to 10 hours 4 More than 10 hours 5 | |
| C-10c | [If NUN | MPC>2] PCONOFF3 When this computer is not in use is the power usually turned off? | |
| | | Yes | |
| | C-10c1 | [IF PCONOFF3=0] PCSLEEP3 When this computer is not in use does it go into a sleep of standby mode? | r |
| | | Yes | |
| C-11 | | MPUTER=1] INTERNET [IF NUMPC=1: Does the computer; If NUMPC>1: Do any of the ters] in your home have access to the Internet? | |
| | | Yes | |
| | C-11a | [IF INTERNET=1] What type of internet access is used in your home? Is it (Mark all apply.) | that |
| | | Yes | <u>No</u> |
| | | INDIALUP Dial-up (a phone line), | |
| | | INDSL DSL or Fiber Optic,1 | 0 |

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| | | INCABLE Cable, or | 1 | 0 |
|------|---------|---|--------------|---|
| | | INSATEL Satellite? | 1 | 0 |
| | C-11b | [If INTERNET=1] INWIRELESS Do you have wireless access to the Internet in y | our home? | |
| | | Yes | | |
| C-12 | [If CON | MPUTER=1] PCPRINT How many printers are used in your home? | | |
| | | Number of printers | | |
| C-13 | FAX Is | s a separate fax machine used in your home? | | |
| | | Yes | | |
| C-14 | COPIE | \overline{R} Is a separate photocopier used in your home? | | |
| | | Yes | | |
| C-15 | | OIST Electric dehumidifiers remove moisture from the air and are often used in the humidifier used in your home? | the summer. | |
| | | Yes | | |
| | C-15a | [If NOTMOIST=1] USENOTMOIST In 2009, how many months was the dehumic | difier used? | |
| | | 1 to 3 months, | | |
| | | 4 to 6 months, | | |
| | | 10 to 11 months, but not all year, or is it4 | | |
| | | Turned on all year long?5 | | |
| C-16 | | FURE Electric humidifiers add moisture to the air and are often used in the winter ifier used in your home? | r. Is a | |
| | | Yes | | |
| | C-16a | [If MOISTURE=1] USEMOISTURE In 2009, how many months was the humidif | ier used? | |
| | | 1 to 3 months, 1 4 to 6 months, 2 7 to 9 months, 3 10 to 11 months, but not all year, or is it 4 Turned on all year long? 5 | | |

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| For eac | ch of the following appliances please tell me, YES or NO, whether they are used | in your home. | |
|---------|---|-------------------|----------------|
| C-17a | [If TYPEHUQ<4] WELLPUMP An electric pump for well water? | <u>Yes</u> 1 | <u>No</u> 0 |
| C-17b | DIPSTICK [If DSFLAG=1] Any automobile block heaters, dip-stick engine heaters, or battery blankets? | 1 | 0 |
| C-17c | SWAMPCOL [If SCFLAG=1] An evaporative or swamp cooler? | 1 | 0 |
| C-17d | AQUARIUM Any large heated aquariums of 20 gallons or more? | 1 | 0 |
| C-17e | STEREO Any stereo equipment? | 1 | 0 |
| C-17f | NOCORD A portable cordless telephone (other than cell phones)? | 1 | 0 |
| C-17g | ANSMACH A telephone answering machine? | 1 | 0 |
| C-18a | BATTOOLS How many rechargeable portable appliances or tools, such as har flashlights, or power drills, do you have in your household? | ndheld vacuum c | leaners, |
| | 0 | | |
| | Keep them plugged in all the time | opliances and too | bls |
| | always plugged into the wall? | | ~ |
| | Yes | | |
| C-18b | ELECDEV How many rechargeable electronic devices, such as cell phones, podigital cameras, and electric shavers, do you have in your household? | ortable music pla | yers, |
| | 0 | hoing used do yea | uu kaan |
| | them plugged in all the time, do you only recharge them as needed, o | r do you use bot | h ways? |
| | Keep them plugged in all the time | | |

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| | Both ways are used |
|---|--|
| | Yes |
| 9 | IVCOMMC INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE OTHER APPLIANCES IN THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS. |
| | |

Section D: SPACE HEATING

Now I have some questions about heating your home.

| though you don't heat your home, we are still interested to know the type of equipment you have. Please look at Card 21. What type of heating equipment do you have? Heat pump | | ATHOME=0] DNTHEAT You have just told me that you don't heat your home during the |
|---|-------|--|
| Don't have any heating equipment | | |
| Don't have any heating equipment | | Have equipment, but don't use it |
| though you don't heat your home, we are still interested to know the type of equipment you have. Please look at Card 21. What type of heating equipment do you have? Heat pump | | |
| Central furnace with ducts to individual rooms Steam/Hot water system with radiators or pipes in each room Built-in electric units in each room installed in walls, ceilings, baseboards, or floors Built-in floor/wall pipeless furnace Built-in floor/wall pipeless furnace Built-in room heater burning gas, oil, or kerosene Heating stove burning wood, coal, or coke Portable heaters Fireplace Some other equipment (Specify | D-2a1 | [If DNTHEAT=1] <u>EQUIPNOHEAT</u> INTERVIEWER INSTRUCTION: SHOW CARD 21. Even though you don't heat your home, we are still interested to know the type of equipment you have. Please look at Card 21. What type of heating equipment do you have? |
| Steam/Hot water system with radiators or pipes in each room Built-in electric units in each room installed in walls, ceilings, baseboards, or floors Built-in floor/wall pipeless furnace Built-in room heater burning gas, oil, or kerosene Heating stove burning wood, coal, or coke. Portable heaters Fireplace Some other equipment (Specify | | Heat pump |
| Built-in electric units in each room installed in walls, ceilings, baseboards, or floors Built-in floor/wall pipeless furnace Built-in room heater burning gas, oil, or kerosene | | |
| Built-in floor/wall pipeless furnace Built-in room heater burning gas, oil, or kerosene. Heating stove burning wood, coal, or coke. Portable heaters. Fireplace. Some other equipment (Specify | | |
| Built-in room heater burning gas, oil, or kerosene | | |
| Heating stove burning wood, coal, or coke | | |
| Portable heaters | | |
| Fireplace Some other equipment (Specify D-2a2 [If DNTHEAT=1] FUELNOHEAT] INTERVIEWER INSTRUCTION: SHOW CARD 22. Pleas look at Card 22. What is the main fuel used for this heating equipment? Electricity | | |
| D-2a2 [If DNTHEAT=1] FUELNOHEAT INTERVIEWER INSTRUCTION: SHOW CARD 22. Pleas look at Card 22. What is the main fuel used for this heating equipment? Electricity | | |
| D-2a2 [If DNTHEAT=1] FUELNOHEAT INTERVIEWER INSTRUCTION: SHOW CARD 22. Pleas look at Card 22. What is the main fuel used for this heating equipment? Electricity | | |
| [If HEATHOME=1] EQUIPM INTERVIEWER INSTRUCTION: SHOW CARD 21. Let's start with the main source of heating in your home. Please look at Card 21. Please tell me which type of heating equipment provides most of the heat for your home. Heat pump | D-2a2 | look at Card 22. What is the main fuel used for this heating equipment? |
| Heat pump | | Natural gas from underground pipes 01 Propane (bottled gas) 02 Fuel oil 03 Kerosene 04 Wood 07 Solar 08 District steam 09 |
| Heat pump | main | Natural gas from underground pipes |
| | main | Natural gas from underground pipes |
| | main | Natural gas from underground pipes |

| | Steam/Hot water system with radiators or pipes in each room | |
|------|---|-------------------------------------|
| | Built-in electric units in each room installed in walls, ceilings | |
| | Built-in floor/wall pipeless furnace | |
| | Built-in room heater burning gas, oil, or kerosene | 07 |
| | Heating stove burning wood, coal, or coke | |
| | Portable heaters | |
| | Fireplace | |
| | Cooking stove used to heat your home as well as to cook | |
| | Some other equipment (Specify) | 21 |
| | | |
| | | |
| D-4 | [If HEATHOME=1] FUELHEAT INTERVIEWER INSTRUCTION: | |
| | Card 22. What is the main fuel used for heating your home? That | is, which fuel is the one that |
| | provides the most heat for your home? | |
| | Electricites 05 | |
| | Electricity | |
| | Natural gas from underground pipes | |
| | Propane (bottled gas) | |
| | Fuel oil | |
| | Kerosene | |
| | Wood07 | |
| | Solar | |
| | District Steam | |
| | Some other fuel (Specify)21 | |
| | | |
| D-5a | [If HEATHOME=1] <u>MAINTHT</u> In the last year, has any routine serperformed on your household's heating equipment? | rvice or maintenance been |
| | r · · · · · · · · · · · · · · · · · · · | |
| | Yes1 | |
| | No0 | |
| | | |
| D-5b | [If HEATHOME=1] EQUIPAGE INTERVIEWER INSTRUCTION : | |
| | Card 1. Approximately, how old is your household's [FILL: EQUID | PM] main heating equipment? |
| | | |
| | Less than 2 years old01 | |
| | 2 to 4 years old | |
| | 5 to 9 years old | |
| | 10 to 14 years old | |
| | 15 to 19 years old | |
| | 20 years or older05 | |
| | As old as the home (if volunteered) 06 | |
| D-5c | ILCOLUDA CE-01 on (EQUIDA CE-02 on 4 OCCUDAY (2000, 2010) | DEDICUT Varia anamana an agast |
| D-30 | [If EQUIPAGE=01 or (EQUIPAGE=02 and OCCUPYY\neq 2009, 2010] you've replaced the main heating equipment in your home since y | |
| | correct? | our nousenoid moved in. is that |
| | correct: | |
| | Yes1 | |
| | No0 | |
| | 110 | |
| D-5d | [If MAINTHT=1 or REPLCHT=1] HELPHT INTERVIEWER INST | RUCTION: SHOW CARD 10 Some |
| u | homeowners receive government or energy supplier assistance in | |
| | Please look at Card 10. Which of the following, if any, helped pay | for some or all of the cost of your |
| | household's new main heating equipment or for maintaining your | household's current heating |
| | equipment? | 9 |
| | | |
| | Did not receive any assistance 0 | |

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| | | Manufacturer or retailer rebate | |
|------|---------|--|----|
| | | Utility or energy supplier rebate2 | |
| | | Tax credit | |
| | | Subsidized loan | |
| | | Weatherization assistance | |
| | | | |
| D-5e | [If HE] | LPHT>0] HELPHTY In what year did you receive this assistance? | |
| | | 20061 | |
| | | 20072 | |
| | | 2008 | |
| | | 20094 | |
| | | 2007 | |
| D-6 | | ATHOME=1] HEATOTH Does the main heating equipment for your home also heat any other nents, condos, households, businesses, or farm buildings? | |
| | | Yes1 | |
| | | No0 | |
| | | 110 | |
| D-7 | EQUI | ATHOME=1] EQUIPAUX INTERVIEWER INSTRUCTION: SHOW CARD 23. You told me that IPM] is the main source of heat in your home. Please look at Card 23. In 2009, did you use any types of heating equipment listed on Card 23? (Mark all that apply.) | |
| | | NOOTHEQU No other equipment | |
| | | REVERSE Heat pump | 04 |
| | | WARMAIR Central furnace with ducts to individual rooms | 0. |
| | | STEAMR Steam/Hot water system with radiators or pipes in each room | 02 |
| | | PERMELEC Built-in electric units in each room installed in walls, ceilings, baseboards, or | |
| | | floors. | 0: |
| | | PIPELESS Built-in floor/wall pipeless furnace | |
| | | ROOMHEAT Built-in room heater burning gas, oil, or kerosene | |
| | | WOODKILN Heating stove burning wood, coal, or coke | |
| | | CARRY Portable heaters | |
| | | | |
| | | CHIMNEY Fireplace | |
| | | RANGE Cooking stove used to heat your home as well as to cook | |
| | | DIFEQUIP Some other equipment (Specify) | 2 |
| | D-7a | [If WARMAIR or STEAMR or DIFEQUIP=1] FURNFUEL RADFUEL DIFFUEL ELECAUX | |
| | D-/a | UGASAUX LPGAUX FOILAUX KEROAUX WOODAUX SOLARAUX OTHERAUX | |
| | | DKAUX What fuel does the [FILL: EQUIPAUX] use? | |
| | | What fuel does the [FILL. EQUIPAUX] use: | |
| | | Electricity05 | |
| | | Natural gas from underground pipes01 | |
| | | Propane (bottled gas)02 | |
| | | Fuel oil | |
| | | Kerosene | |
| | | Wood07 | |
| | | Solar | |
| | | Some other fuel (Specify)21 | |
| | | | |
| | D-7b | [If PIPELESS=1] PIPEFUEL ELECAUX UGASAUX LPGAUX FOILAUX KEROAUX | |
| | | WOODAUX OTHERAUX DKAUX What fuel does the pipeless furnace use? | |
| | | | |

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| | | Electricity |
|------|---------|--|
| | | Natural gas from underground pipes01 Propane (bottled gas)02 |
| | | Fuel oil |
| | | Kerosene |
| | | Wood07 |
| | | Some other fuel (Specify)21 |
| | | |
| D-7c | | OMHEAT=1] RMHTFUEL UGASAUX LPGAUX FOILAUX KEROAUX DKAUX ruel does the room heater use? |
| | | |
| | | Natural gas from underground pipes01 |
| | | Propane (bottled gas)02 |
| | | Fuel oil03 |
| | | Kerosene04 |
| D-7d | [If WO | ODKILN=1] HSFUEL WOODAUX OTHERAUX DKAUX What fuel does the heating |
| 2 , | stove u | |
| | | W I |
| | | Wood07 Some other fuel (Specify)21 |
| | | Some other fuel (Specify)21 |
| D-7e | | MNEY=1] FPFUEL UGASAUX LPGAUX WOODAUX OTHERAUX DKAUX What es the fireplace use? |
| | | Wood07 |
| | | Natural gas from underground pipes01 |
| | | Propane (bottled gas)02 |
| | | Some other fuel (Specify)21 |
| | D 7 1 | HEEDELIES OF OUR ACCEPTANCE AND ALL COLUMN ASSESSMENT AND ALL COLUMN ASSESSMENT ASSESSME |
| | D-7e1 | [If FPFUEL=01,02] WGFPFLUE Does this fireplace have a flue to the outside or is it entirely self-contained? |
| | | Flue to the outside |
| | D-7e2 | [If FPFUEL=01,02] $\overline{\textit{USENGFP}}$ This winter how frequently have you used your gas fireplace? Have you used it |
| | | Most days,1 |
| | | About once a week, or2 |
| | | Fewer than 4 times each month?3 |
| D-7f | [If RAN | NGE=1] RNGFUEL ELECAUX UGASAUX LPGAUX FOILAUX KEROAUX DAUX OTHERAUX DKAUX What fuel does the cooking stove use? |
| | WOOD | DAUX OTHERAUX DKAUX What fuel does the cooking stove use? |
| | | Electricity05 |
| | | Natural gas from underground pipes01 |
| | | Propane (bottled gas) |
| | | Fuel oil |
| | | Kerosene04 |
| | | Wood07 |
| | | Some other fuel (Specify)21 |

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| D-8 | | JIPAUX=1] <u>EQMAMT</u> You've told me that your household uses more than one type of nent to heat your home. Thinking about your main heating equipment, the [FILL: EQUIPM] | | | | |
|------|---------|--|--|--|--|--|
| | that us | that uses [FILL: FUELHEAT], how much of the heat for your home would you say that this heating equipment provides | | | | |
| | eqp | Almost all, | | | | |
| D-9 | | ATHOME=1] HEATROOM Earlier, we determined that you have [FILL: TOTROOMS] total in your home. How many of these rooms were heated this last winter? | | | | |
| | | Number of heated rooms | | | | |
| D-10 | SHOW | ATHOME=1 and (EQUIPM<08 or EQUIPM=21)] <u>THERMAIN</u> INTERVIEWER INSTRUCTION: CARD 24. Please look at Card 24. Do you have a thermostat that controls your main [FILL: M] heating equipment? | | | | |
| | | VIEWER INSTRUCTION: IF NEEDED, ADD: A thermostat is a small box that allows you to exired inside temperature and will turn the heat on and off as needed to maintain that rature. | | | | |
| | | Yes | | | | |
| | D-10a | [If THERMAIN=1] OTHTHERM Do you have more than one thermostat that controls your heating? | | | | |
| | | Yes | | | | |
| | | D-10a1 [If OTHTHERM=1] NUMTHERM How many total thermostats do you have in your home? | | | | |
| | | Number of thermostats | | | | |
| | D-10b | [If THERMAIN=1] PROTHERM Some thermostats can be programmed so that different temperatures are automatically maintained at different times of the day such as setting a lower temperature at night or when no one is home. Is the thermostat that controls your main heating equipment programmable? | | | | |
| | | Yes | | | | |
| | | D-10b1 [If PROTHERM=1] AUTOHEATNITE Is this thermostat usually programmed to automatically lower the heating temperature setting <i>at night</i> during sleeping hours? | | | | |
| | | Yes | | | | |

Now I would like to ask you some questions about the parts of your home that are heated. I'd like you to

consider all the sources of heating in your home when answering these questions.

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| | | D-10b2 [If PROTHERM=1] AUTOHEATDAY Is this thermostat usually programmed to automatically lower the heating temperature setting during the day when no one is at home? |
|---|---------------|--|
| | | Yes |
| q | uestio | MTHERM>1] Earlier you reported having [FILL: NUMTHERM] thermostats. For the next ns, if the thermostats are set at different temperatures, only report for the thermostat that the rooms where most of the people are. |
| D |) -11a | TEMPHOME Typically, what is the temperature when someone is inside your home during the day? [IF NO ANSWER, PROBE 1: THEN AT WHAT TEMPERATURE IS THE THERMOSTAT SET? PROBE 2: CAN I JUST HAVE YOUR BEST ESTIMATE?] |
| | | Enter degrees Fahrenheit |
| D |)- 11b | TEMPGONE What is the temperature when no one is inside your home during the day? [IF NO ANSWER, PROBE 1: THEN AT WHAT TEMPERATURE IS THE THERMOSTAT SET? PROBE 2: CAN I JUST HAVE YOUR BEST ESTIMATE?] |
| | | Enter degrees Fahrenheit |
| D | D-11c | TEMPNITE What is the temperature inside your home at night? [IF NO ANSWER, PROBE 1: THEN AT WHAT TEMPERATURE IS THE THERMOSTAT SET? PROBE 2: CAN I JUST HAVE YOUR BEST ESTIMATE?] |
| | | Enter degrees Fahrenheit |
| S | PACE | IMD INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE HEATING EQUIPMENT IN THIS HOUSING UNIT AND ITS' USAGE THAT MIGHT DE CLARIFICATION TO THE RESPONDENT'S ANSWERS. |
| _ | | |
| | | |

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Section E: WATER HEATING

Next, I would like you to think about how water is heated in your home. There are two main types of water heating equipment—those that use tanks, and those that are tankless.

| E-1 | NUMF | H2OHTRS How many water heating tanks are used in your home? |
|-----|------|--|
| | | Number of Water Heating Tanks |
| | E-1a | NUMH2ONOTNK How many tankless water heaters are used in your home? |
| | | Number of Tankless Water Heaters → If NUMH2OHTRS = 0 AND NUMH2ONOTNK = 0 GO TO SECTION F. |
| | | R INSTRUCTION: IF (NUMH2OHTRS+NUMH2ONOTNK>1) READ THIS INTRODUCTION: First, I sk some questions about the water heating equipment that provides <i>most of the hot water</i> used in your |
| E-2 | - | MH2OHTRS>0 and NUMH2ONOTNK>0] MAINH2OTYPE Is the main water heating equipment a heating tank or a tankless water heater? |
| | | Water heating tank |
| | E-2a | FUELH2O INTERVIEWER INSTRUCTION: SHOW CARD 25. Please look at Card 25. Which fuel does the main water heating equipment use? |
| | | Electricity 05 Natural gas from underground pipes 01 Propane (bottled gas) 02 Fuel oil 03 Kerosene 04 Wood 07 Solar 08 Some other fuel (Specify 21 |
| | E-2b | WHEATOTH Does the main water heating equipment for your home also heat water for any other apartments, condos, households, businesses, or farm buildings? |
| | | Yes |
| | E-2c | [If MAINH2OTYPE#2] WHEATSIZ INTERVIEWER INSTRUCTION: SHOW CARD 26. Please look at Card 26. What is the approximate size of the main water heating tank? |
| | | Small (30 gallons or less) 01 Medium (31 to 49 gallons) 02 Large (50 gallons or more) 03 |
| | E-2d | WHEATAGE INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. Approximately how old is the main water heating equipment? |
| | | Less than 2 years old |

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| | E-2e | WHEATBKT Has the main water heater in your home been insulated using a water heater blanket? | | | | | |
|-----|----------|---|--|--|--|--|--|
| | | Yes1 | | | | | |
| | | No0 | | | | | |
| | E-2f | [If WHEATBKT=1] HELPWH INTERVIEWER INSTRUCTION: SHOW CARD 10. Some homeowner receive government or energy supplier assistance in paying for water heater insulation. Please look a Card 10. Which of the following, if any, helped pay for some or all of the cost of the water heater blanket or insulation? | | | | | |
| | | Did not receive any assistance0 | | | | | |
| | | Manufacturer or retailer rebate | | | | | |
| | | Utility or energy supplier rebate | | | | | |
| | | Subsidized loan4 | | | | | |
| | | Weatherization assistance5 | | | | | |
| | E-2g | [If HELPWH>0] HELPWHY In what year did you receive this assistance? | | | | | |
| | | 20061 | | | | | |
| | | 20072 | | | | | |
| | | 20083 | | | | | |
| | | 2009 | | | | | |
| | | Prior to 2006 | | | | | |
| E-3 | FIE (NII | IMIQUITES 1 and MUMIQUIOTARY OF AN IMIQUITES Of and MUMIQUIOTARY 1)] | | | | | |
| E-3 | | JMH2OHTRS>1 and NUMH2ONOTNK>0) or (NUMH2OHTRS>0 and NUMH2ONOTNK>1)] YPE2 Is the secondary water heating equipment a water heating tank or a tankless water heater? | | | | | |
| | | | | | | | |
| | | Water heating tank | | | | | |
| | | | | | | | |
| | E-3a | [If NUMH2OHTRS+NUMH2ONOTNK>1] <u>FUELH2O2</u> INTERVIEWER INSTRUCTION: SHOW CARD 25. Please look at Card 25. Which fuel does your home's secondary water heating equipment use to heat water? | | | | | |
| | | use to heat water: | | | | | |
| | | Electricity05 | | | | | |
| | | Natural gas from underground pipes 01 | | | | | |
| | | Propane (bottled gas) | | | | | |
| | | Kerosene | | | | | |
| | | Wood07 | | | | | |
| | | Solar | | | | | |
| | | Some other fuel (Specify) 21 | | | | | |
| | E-3b | [If H2OTYPE2≠2] WHEATSIZ2 INTERVIEWER INSTRUCTION: SHOW CARD 26. Please look at | | | | | |
| | | Card 26. What is the approximate size of the secondary water heater tank? | | | | | |
| | | Small (30 gallons or less)01 | | | | | |
| | | Medium (31 to 49 gallons) | | | | | |
| | | Large (50 gallons or more) | | | | | |
| | E-3c | [If NUMH2OHTRS+NUMH2ONOTNK>1] WHEATAGE2 INTERVIEWER INSTRUCTION: SHOW | | | | | |
| | | CARD 1. Please look at Card 1. Approximately how old is the secondary water heating equipment? | | | | | |
| | | Less than 2 years old01 | | | | | |
| | | 2 to 4 years old | | | | | |
| | | 5 to 9 years old | | | | | |
| | | 10 to 14 years old | | | | | |
| | | 20 years or older | | | | | |
| | | As old as the home (if volunteered) 06 | | | | | |

| IVCOMM HEATING | | IN THIS HOUSIN | | | MIGHT PROVIDE |
|-------------------|-------------|----------------|-------------|-----------------|------------------|
| | | IE RESPONDEN | | o correct rintr | WINGITT THO VIDE |
| CLARIT | ATION TO TI | IE KESI ONDEN. | I BANSWERS. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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Section F: AIR CONDITIONING

| F-1 | AIRCO | ND Is any air conditioning equipment used in your home? |
|------|-------------------|---|
| | | Yes |
| F-2 | [If AIR your h | COND=0] DNTAC Just to clarify, do you have air conditioning equipment but don't use it, or does ome just not have any air conditioning equipment? |
| | | Have equipment, but don't use it |
| | | F-2a [If DNTAC=1] COOLTYPENOAC INTERVIEWER INSTRUCTION: SHOW CARD 27. We are still interested to know about the air conditioning equipment in your home. Please look at Card 27. What type of air conditioning equipment does your home have? Is it |
| | | A central system, |
| | | After respondent answers, GO TO QUESTION F-14. |
| F-3 | [If AIR What t | COND=1] COOLTYPE INTERVIEWER INSTRUCTION: SHOW CARD 27. Please look at Card 27. ype of air conditioning equipment does your home have? Is it |
| | | A central system, |
| | F-3a | [If COOLTYPE=1,3 and EQUIPM \neq 03,04] $\boxed{\text{DUCTS}}$ Central air conditioning requires that the system have ducts to carry the cooled air to the individual rooms. These ducts may also carry warm air for space heating. Does your home have ducts like these? |
| | | Yes |
| F-4 | [If COO | DLTYPE=1,3] CENACHP Is your central air conditioning system a heat pump? |
| | | Yes |
| F-5 | | DLTYPE=1,3] ACOTHERS Does the central air conditioning equipment that cools your home also cool ner apartments, condos, households, businesses, or farm buildings? |
| | | Yes |
| F-6a | | DLTYPE=1,3] MAINTAC In the last year, has any routine service or maintenance been performed on ousehold's central air conditioning equipment? |
| | | Yes |
| F-6b | [If COO | OLTYPE=1,3] AGECENAC INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. |

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| | | Less than 2 years old01 |
|------|----------------------------|--|
| | | 2 to 4 years old |
| | | 5 to 9 years old |
| | | 10 to 14 years old41 |
| | | 15 to 19 years old42 |
| | | 20 years or older |
| | | As old as the home (if volunteered)06 |
| | | 715 old us the home (if voidineered) |
| F-6c | [If AG you've correc | ECENAC=01or (AGECENAC=02 and OCCUPYY \neq 2009, 2010)] $\overline{REPLCCAC}$ Your answers suggest explaced the central air conditioning equipment in your home since your household moved in. Is that t? |
| | | Yes1 |
| | | No0 |
| F-6d | LIE M V | INTAC=1 or REPLCCAC=1] HELPCAC INTERVIEWER INSTRUCTION: SHOW CARD 10. Some |
| r-ou | homeo Please | owners receive government or energy supplier assistance in paying for new air conditioning equipment. look at Card 10. Which of the following, if any, helped pay for some or all of the cost of your nold's new air conditioning equipment or for maintaining your household's current air conditioning |
| | | Did not receive any assistance0 |
| | | Manufacturer or retailer rebate1 |
| | | Utility or energy supplier rebate2 |
| | | Tax credit |
| | | Subsidized loan4 |
| | | Weatherization assistance |
| | | |
| F-6e | [If HE | LPCAC>0] HELPCACY In what year did you receive this assistance? |
| | | 20061 |
| | | 20072 |
| | | 20083 |
| | | 20094 |
| | | 2007 |
| F-7 | | OLTYPE=1,3] <u>USECENAC</u> INTERVIEWER INSTRUCTION: SHOW CARD 28. Please look at Card 28. of the statements shown best describes the way your central air conditioning system was used last er? |
| | | Turned on only a few days or nights when really needed |
| | | Turned on quite a bit |
| | | Turned on just about all summer |
| | | |
| F-8 | [If CO | OLTYPE=1,3] ACROOMS Of the [FILL: TOTROOMS] total rooms in your home, how many were by your central air conditioning system last summer? Enter the number |
| | | |
| F-9 | | OLTYPE=1,3] <u>THERMAINAC</u> INTERVIEWER INSTRUCTION: SHOW CARD 24. Please look at Card you have a thermostat that controls your central air conditioning equipment? |
| | | EVIEWER INSTRUCTION: IF NEEDED, ADD: A thermostat is a small box that allows you to set a d inside temperature and will turn the heat on and off as needed to maintain that temperature. |
| | | Yes |
| | E Oo | III THEDMAINAC-11 DOCTHEDMAC Some they meeteds can be recommed so that different |
| | F-9a | [If THERMAINAC=1] PROTHERMAC Some thermostats can be programmed so that different temperatures are automatically maintained at different times of the day such as setting a higher |

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conditioning equipment programmable?

temperature at night or when no one is home. Is the thermostat that controls your central air

| No | 0 |
|---|--|
| | [=1] AUTOCOOLNITE Is this thermostat programmed to automatically remperature setting at night during sleeping hours? |
| | |
| | AUTOCOOLDAY Is this thermostat programmed to automatically temperature setting <i>during the day</i> when no one is at home? |
| | |
| central air conditioning equipment l NUMTHERM] thermostats. For the n | you to think about the temperature inside your home when using your last summer. [If NUMTHERM>1: Earlier you reported having [FILL: ext questions, if the thermostats are set at different temperatures, only the rooms where most of the people are.] |
| | what is the temperature when someone is inside your home during the OBE 1: THEN AT WHAT TEMPERATURE IS THE THERMOSTAT YOUR BEST ESTIMATE? |
| | nheit |
| F-10b TEMPGONEAC What is the ANSWER, PROBE 1: THE 2: WHAT'S YOUR BEST F | e temperature when <i>no one is inside</i> your home <i>during the day</i> ? IF NO NAT WHAT TEMPERATURE IS THE THERMOSTAT SET? PROBE ESTIMATE? |
| Enter degrees Fahrer Air-conditioner Turr | nheit |
| | temperature inside your home at night? IF NO ANSWER, PROBE 1: RATURE IS THE THERMOSTAT SET? PROBE 2: WHAT'S YOUR |
| Enter degrees Fahrer Air-conditioner Turr | nheit |
| F-11 [If COOLTYPE=2,3] NUMBERAC H | ow many window or wall air conditioning units do you use in your home! |
| Enter the number | |
| F-12a [If COOLTYPE=2,3] WWACAGE IN Approximately, how old is the [If NU home? | NTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. UMERAC>1: most-used] window or wall air conditioning unit in your |
| Less than 2 years old | |

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 $F-12b \quad \text{[If WWACAGE=01 or (WWACAGE=02 and OCCUPYY\neq2009, 2010)]} \\ \hline \textit{REPLCWWAC} \ \textbf{Your answers suggest you've replaced the most used wall or window air conditioning unit in your home since your household} \\ \hline$

| | Yes 1 No 0 |
|-------|---|
| F-12c | [If REPLCWWAC=1] <u>HELPWWAC</u> INTERVIEWER INSTRUCTION: SHOW CARD 10. Some homeowners receive government or energy supplier assistance in paying for new air conditioning units. Please look at Card 10. Which of the following, if any, helped pay for some or all of the cost of your new wall or window air conditioning unit? |
| | Did not receive any assistance |
| F-12d | Weatherization assistance |
| | 2006 |
| F-12e | [If WWACAGE=01,02,03,DK] ESWWAC INTERVIEWER INSTRUCTION: SHOW CARD 41. Please look at Card 41. Is this air conditioning unit an <i>Energy Star</i> appliance? |
| | Yes |
| F-12f | [If COOLTYPE=2,3] <u>USEWWAC</u> INTERVIEWER INSTRUCTION: SHOW CARD 28. Please look at Card 28. Which of the statements shown best describes the way your household used the [If NUMBERAC>1: most used] window/wall air conditioning unit last summer? |
| | Turned on only a few days or nights when really needed |
| F-13 | NUMCFAN How many ceiling fans does your household use? |
| | Number of ceiling fans |
| | F-13a [If NUMCFAN>0] <u>USECFAN</u> Thinking about the ceiling fan [If NUMCFAN>1: that you use the most], how often was this fan used last summer? Is it |
| | Used only a few days or nights, when it's really needed, |
| F-14 | TREESHAD Do any large trees shade your home from the afternoon summer sun? |
| | Yes |
| F-15 | IVCOMME INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE AIR-CONDITIONING EQUIPMENT IN THIS HOUSING UNIT AND ITS' USAGE THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS. |

moved in. Is that correct?

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Section G: MISCELLANEOUS

Now let's turn to some other uses of energy in your home and talk about some characteristics of your home that may affect energy consumption.

| G-1 | | PEHUQ≠1] HIGHCEIL Most ceilings are about 8 feet high which is about a foot higher than a standard Are any of the ceilings in your home unusually high? |
|------|---------|---|
| | | Yes |
| | G-1a | [If HIGHCEIL=1] CATHCEIL Are any of the ceilings in your home cathedral ceilings? Cathedral ceilings are usually in rooms on the main floor and go all the way up to the roof. |
| | | Yes |
| G-2 | [If TY] | PEHUQ=2,3] SWIMPOOL Does your home have its own swimming pool with a filtering system? |
| | | Yes |
| | G-2a | [If SWIMPOOL=1] POOL Is it a heated pool? |
| | | Yes |
| | | G-2a1 [If POOL=1] FUELPOOL What fuel is used most often to heat the pool water? |
| | | Electricity 05 Natural gas from under ground pipes 01 Propane (bottled gas) 02 Fuel oil 03 Kerosene 04 Solar 08 Other (Specify 21 |
| G-3 | [If TY] | PEHUQ=1,2,3] RECBATH Does your home have a heated hot tub, spa, or Jacuzzi, other than a b? |
| | | Yes |
| | G-3a | [If RECBATH=1] $\overline{\it FUELTUB}$ What fuel is used most often to heat the water in your hot tub, spa, or Jacuzzi? |
| | | Electricity 05 Natural gas from under ground pipes 01 Propane (bottled gas) 02 Fuel oil 03 Kerosene 04 Solar 08 Other (Specify 21 |
| G-4a | | Thinking of a typical summer weekday, how many indoor lights does your household have turned on re than 12 hours? Do not include any nightlights in your count. |
| | | Enter the number |

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| | G-4a1 | [If LGT12>0] <u>LGT12EE</u> How many of these lights use energy-efficient bulbs, such as compact fluorescent (CFL) bulbs? |
|------|------------------|--|
| | | Enter the number |
| G-4b | LGT4 | How many indoor lights are turned on between 4 hours and 12 hours during a typical summer ay? |
| | | Enter the number |
| | G-4b1 | [If LGT4>0] <u>LGT4EE</u> How many of these lights use energy-efficient bulbs, such as compact fluorescent (CFL) bulbs? |
| | | Enter the number |
| G-4c | LGT1 | How many indoor lights are turned on between 1 hour and 4 hours during a typical summer weekday? |
| | | Enter the number |
| | G-4c1 | [If LGT1>0] LGT1EE How many of these lights use energy-efficient bulbs, such as compact fluorescent (CFL) bulbs? |
| | | Enter the number |
| G-5 | [If TYP | PEHUQ=2,3] NOUTLGTNT How many outdoor lights are typically left on all night? |
| | | Enter the number |
| | G-5a | [If NOUTLGTNT>0] <u>LGTOEE</u> How many of these lights use energy-efficient bulbs, such as compact fluorescent (CFL) bulbs? |
| | | Enter the number |
| | G-5b | [If NOUTLGTNT>0] NGASLIGHT [If NOUTLIGHT=1: Does this light; if NOUTLIGHT>1: How many of the outdoor lights] use natural gas? |
| | | Enter the number |
| G-6a | | [12EE+LGT4EE+LGT1EE+LGT0EE>0] [INSTLCFL] Were any of your energy-efficient bulbs installed our household moved in? |
| | | Yes |
| G-6b | govern energy | TLCFL=1] HELPCFL INTERVIEWER INSTRUCTION: SHOW CARD 29. Some homeowners receive ment or energy supplier assistance, including weatherization assistance and rebates, in paying for efficient light bulbs. Please look at Card 29. Which of the following, if any, helped pay for any of your old's energy-efficient bulbs? |
| | | Did not receive any assistance |
| G-6c | [If HEI | PCFL>0] HELPCFLY In what year did you receive this assistance? |
| | | 2006 |

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| G-7 | | RS Does your home have any sliding glass doors that go from a heated area to the outside or to an ted area? |
|-----|--------|---|
| | | Yes |
| | G-7a | [If SLDDRS=1] DOORISUM How many of these sliding glass doors does your home have? INTERVIEWER INSTRUCTION: COUNT EACH PAIR OF SLIDING GLASS DOORS AS ONE DOOR. |
| | | Enter the number |
| G-8 | many | OWS INTERVIEWER INSTRUCTION: SHOW CARD 30. Please look at Card 30. Approximately, how windows does your home have? Each window that opens separately should be counted as one window. |
| | Do not | t include any windows that are in unheated parts of your home. |
| | | 1 or 210 |
| | | 3 to 520 |
| | | 6 to 9 |
| | | 10 to 1541 16 to 1942 |
| | | 20 to 29 |
| | | 30 or more60 |
| | | None (volunteered)00 |
| | | INTERVIEWER INSTRUCTION: IF ASKED: DOUBLE-HUNG OR SLIDER WINDOWS COUNT AS ONE WINDOW. ALSO COUNT WINDOWS THAT ARE FIXED IN PLACE. DO NOT INCLUDE WINDOWS (GLASS PANELS) IN DOORS. |
| | G-8a | TYPEGLASS INTERVIEWER INSTRUCTION: SHOW CARD 31. Please look at Card 31. Which picture best describes the type of glass in most of the windows in your home? Do not consider storm windows. |
| | | Single-pane glass 1 |
| | | Double-pane glass |
| | | Triple-pane glass4 |
| | G-8b | NEWGLASS How many of the windows in your home/apartment have been replaced since your household moved in? Is it |
| | | All of the windows,1 |
| | | Some of the windows, or |
| | | None of the windows?3 |
| | G-8c | [If NEWGLASS<3] HELPWIN INTERVIEWER INSTRUCTION: SHOW CARD 10. Some homeowners receive government or energy supplier assistance in paying for new windows. Please look at Card 10. Which of the following, if any, helped pay for some or all of the cost of the new windows? |
| | | Did not receive any assistance 0 |
| | | Manufacturer or retailer rebate 1 |
| | | Utility or energy supplier rebate2 |
| | | Tax credit |
| | | Weatherization assistance |
| | G-8d | [If HELPWIN>0] HELPWINY In what year did you receive this assistance? |
| | | 2006 1 |
| | | 2007 |
| | | 2008 |

| | | 2009 |
|------|-------|---|
| G-9 | ADQIN | SUL Regarding the insulation in your home, overall, would you say that your home is |
| | | Well insulated, |
| G-10 | | <u>NS</u> Insulation is often added to the attic, ceiling, walls, crawl space, ducts, or pipes. Has any portion of ome/apartment been insulated since your household moved in? |
| | | Yes |
| | G-10a | [If INSTLINS=1] AGEINS INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card 1. When was this insulation work done? |
| | | In the last 2 years |
| | G-10b | If AGEINS=01 or (AGEINS=02 and OCCUPYY≠2009, 2010)] HELPINS INTERVIEWER INSTRUCTION: SHOW CARD 10. Some homeowners receive government or energy supplier assistance in paying for insulation. Please look at Card 10. Which of the following, if any, helped pay for some or all of the cost of the new insulation? Did not receive any assistance |
| | G-10c | Weatherization assistance 5 [If HELPINS>0] HELPINSY What year did you receive this assistance? 2006 1 2007 2 2008 3 2009 4 |
| G-11 | | Y How often have you or other members of your household found your home too drafty this winter? you say it is |
| | | All the time, |
| G-12 | | VS Caulking and weather stripping is often done to seal windows, doors, and ducts. Has any portion home/apartment been caulked or weather stripped in order to seal air leaks since your household in? |
| | | Yes |

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| G-12a | [If INSTLWS=1] AGEWS INTERVIEWER INSTRUCTION: SHOW CARD 1. Please look at Card When was this caulking or weather stripping work done? |
|-------|---|
| | In the last 2 years01 |
| | 2 to 4 years ago |
| | 5 to 9 years ago |
| | 10 to 14 years ago41 |
| | 15 to 19 years ago |
| | 20 years or more |
| G-12b | If AGEWS=01 or (AGEWS=02 and OCCUPYY≠2009, 2010)] HELPWS INTERVIEWER INSTRUCTION: SHOW CARD 10. Some homeowners receive government or energy supplier |
| | assistance in paying for caulking and weather stripping. Please look at Card 10. Which of the following, if any, helped pay for some or all of the cost of the caulking or weather stripping? |
| | Did not receive any assistance |
| | Manufacturer or retailer rebate |
| | Utility or energy supplier rebate |
| | Tax credit |
| | Subsidized loan 4 |
| | Weatherization assistance 5 |
| | weatherization assistance |
| G-12c | [If HELPWS>0] HELPWSY In what year did you receive this assistance? |
| | 20061 |
| | 20072 |
| | 20083 |
| | 20094 |
| | Yes |
| G-13a | [If AUDIT=1] AGEAUD When was the energy audit performed? |
| | In the last 2 years01 |
| | 2 to 4 years ago |
| | 5 to 9 years ago |
| | 10 to 14 years ago41 |
| | 15 to 19 years ago |
| | 20 years or more |
| G-13b | If AGEAUD=01 or (AGEAUD=02 and OCCUPYY≠2009, 2010)] HELPAUD INTERVIEWER INSTRUCTION: SHOW CARD 32. Some homeowners receive government or energy supplier |
| | assistance in paying for energy audits. Please look at Card 32. Which of the following, if any, he pay for some or all of the cost of the energy audit? |
| | |
| | Did not receive any assistance 0 |
| | Did not receive any assistance |
| | Utility or energy supplier assistance |
| | Utility or energy supplier assistance 2 |
| | Utility or energy supplier assistance |
| G-13c | Utility or energy supplier assistance |
| G-13c | Utility or energy supplier assistance |
| G-13c | Utility or energy supplier assistance |
| G-13c | Utility or energy supplier assistance |

| G-14 | MISCI | MMG INTERVIEWER INSTRUCTION: REGELLANEOUS CHARACTERISTICS OF THI IFICATION TO THE RESPONDENT'S ANS | S HOUSING UNI | | |
|-------|-------------------|--|---|--|--|
| | | | | | |
| | | Section H: I | FUELS USI | ED | |
| H-1 | using LIST T | UELUSE USEEL USENG USELP USEFO | D AS USED BY T | HE HOUSEHOLD] | . Do you use [CAPI WI |
| | | Yes | | | |
| | H-1a | [If OTHFUELUSE=1] OTHFUELFU Wou how you use it? | ıld you please tell | me which of these o | other fuels you use and |
| I-2 | ONSIT | TE Do you have any on-site system that general? | erates electricity s | such as a solar syste | em or a small wind |
| | | Yes | | | |
| | H-2a | [If ONSITE=1] ONSITETYPE What type | of on-site system | do you have? | |
| | | Solar or Photovoltaic system Small wind turbine Combined Heat and Power system Other (Specify) | 2 3 | | |
| | H-2b | [If ONSITE=1] ONSITEGRID Is your on- | site system conne | cted to the grid? | |
| | | Yes | | | |
| low I | would li | ke to ask you a few questions about how yo | ur energy bills ar | e paid. | |
| I-3 | PELHO the pa | EACH FUEL BY END-USE AS PREVIOUSI OTWA PELCOOK PELLIGHT PGASHEAT st 12 months was the NAME THE FUEL US paid for by your household, included in the | PGASHTWA PUSED] used for [NA rent or condomin | GCOOK PUGOTH AME THE END-US lium fee, or paid so | FOPAY LPGPAY In E THE FUEL IS USED me other way? |
| | | Electricity for | <u>HH Pays All</u> | All in Rent/Fee | Other Way |
| | | Heating your home | 1 | 2 | 3 |
| | | Air-Conditioning | | | |
| | | Heating water | | | |
| | | Cooking | 1 | | 3 |

| | | Lighting and Apphances | 1 | | ••••• | 3 | |
|-------|---------|---|----------------|------------------------------|--------------------------------------|----------------------------|-----------------------|
| | | Natural Gas for | | | | | |
| | | Heating your home | 1 | 2 | | 3 | |
| | | Heating water | 1 | 2 | | 3 | |
| | | Cooking | 1 | 2 | | 3 | |
| | | Other uses | 1 | 2 | | 3 | |
| | | Fuel Oil | 1 | 2 | | 3 | |
| | | Propane (bottled gas) | 1 | 2 | | 3 | |
| | Н-3а | [If PELHEAT or PELHOTWA or PELCOOK or PE mentioned that some or all of the electricity used paid for that electricity? Was it | ELAC (| or PELLIGHT ur home was p | =3] <mark>OTHI</mark> paid for in | ERWAYEL Y some other v | ou way. Who |
| | | A relative, | . 1 | | | | |
| | | A rental or condominium agent, or | | | | | |
| | H-3b | [If PGASHEAT or PGASHTWA or PUGCOOK or some or all of the natural gas used in your home natural gas? Was it | was pa | OTH=3] OTHE | RWAYN e other w | ☑ You mention ay. Who paid | oned that for that |
| | | A relative, | . 2 | | | | |
| | Н-3с | [If FOPAY=3] OTHERWAYFO You mentioned the some other way. Who paid for that fuel oil? Was | | e fuel oil used | in your h | ome was paid | l for in |
| | | A relative, | . 2 | | | | |
| | H-3d | [If LPGPAY=3] OTHERWAYLPG You mentioned was paid for in some other way. Who paid for the | | | | | ur home |
| | | A relative, | . 2 | | | | |
| INTER | RVIEWER | R INSTRUCTION: IF OCCUPYY=2009 AND OCCU | J PYM > | >3, GO TO QU | JESTION | H-9. | |
| H-4 | [If USE | ELP=1] LPGDELV Is propane (bottled gas) delivere | ed to y | our home? | | | |
| | | Yes | | | | | |
| | H-4a | [If LPGDELV=1] NDIFLPCO How many different home in 2009? | nt com | panies deliver | ed propa | ne (bottled ga | ıs) to your |
| | | Enter the number | | | | | |
| | H-4b | [If LPGDELV=1] NLPDELNC About how many of | delivei | ries did your l | ousehold | get in 2009? | |
| | | Enter the number | | | | | |

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| H-5 | | EFO=1] QUANTFO INTERVIEWER INSTRUCTION: SHOW CARD 33. Please look at Card 33. About any gallons of fuel oil did your household use in 2009? |
|-----|-------------------|--|
| | | Less than 100 gallons |
| | H-5a | [If USEFO=1] FODEL Is fuel oil delivered to your home? |
| | | Yes |
| | | H-5a1 [If FODEL=1] NDIFFOCO How many different companies delivered fuel oil to your home in 2009? |
| | | Enter the number |
| | | H-5a2 [If FODEL=1] NFODELNC About how many deliveries did your household get in 2009? Enter the number |
| | | Did not live here the full 12 months |
| Н-6 | [If USI | EKERO=1] KERODEL Is kerosene delivered to your home? |
| | | Yes |
| | Н-6а | [If KERODEL=1] NDIFKRCO How many different companies delivered kerosene to your home in 2009? |
| | | Enter the number |
| | H-6b | [If KERODEL=1] NKRDEL About how many deliveries did your household get in 2009? |
| | | Enter the number |
| H-7 | [If USI carry? | EKERO=1] KEROCASH Did your household buy kerosene in 2009 and bring it home, that is, cash and |
| | | Yes |
| | H-7a | [If KEROCASH=1] NOCRCASH How many times in 2009 did your household buy kerosene and bring it home? |
| | | Enter the number |
| | H-7b | [If KEROCASH=1] NKRGALNC There are five common sizes of portable kerosene containers: 1 gallon, 3 gallon, 5 gallon, 10 gallon, and 55 gallon. On average how many gallons of kerosene did your household buy and bring home each time? |
| | | Enter the amount |

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| H-7d | | ROCASH=1] TOTPAYKER About how | w much did you pay for | kerosene each time your |
|----------|---------|---|--------------------------|-------------------------|
| | nousei | Enter the total amount | | |
| | | =1] You mentioned that you use wood I burn? Does your household burn | | old. What kind of wood |
| J | | | Yes | <u>No</u> |
| | WOOI | DLOGS Wood logs or split wood? | 1 | 0 |
| | WDSC | RAP Wood scraps? | 1 | 0 |
| | WDPE | LLET Wood pellets? | 1 | 0 |
| | WDOT | THER Any other kind of wood? | 1 | 0 |
| H-8a | LITICI | EWOOD=1] WOODAMT In 2009, abo | aut have many cards of w | and did your household |
| 11 04 | [11 051 | Number of cords | | ood ald your nousehold |
| | H-8a1 | [If WOODAMT=DK] NUMCORDS Please look at Card 34. Although yo helpful to have an estimate. In 2009 burn? | ou do not know the exact | amount of wood burned |
| | | Half a cord or less | 1 | |
| | | About one cord | | |
| | | About two cords Three to five cords | | |
| | | More than five cords | | |
| USEI | | TERVIEWER INSTRUCTION: RECO S HOUSING UNIT THAT MIGHT PRO | | |

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Section I: FUEL BILLS

I-1

In this interview you have told me how your household uses energy. In addition, we would like to find out how much [ENTER THE FUELS THAT THE HOUSEHOLD USES] you actually used in the past year.

| | impro accou | g that information directly from your energy suppliers would add to the data you've given me and ve our forecasts of energy consumption. I will want to collect information about all of your energy its. You'll probably want to get any recent bills that were sent to you by your suppliers to help with questions. If it is alright with you, I can copy the bills directly into my computer. |
|-----|----------------|---|
| I-2 | | LHEAT=1 or PELHOTWA=1 or PELCOOK=1 or PELAC=1 or PELLIGHT=1] ELBILLTOSCAN Do you recent electric bill that I can scan into my computer? |
| | | Yes |
| | I-2a | [IF ELBILLTOSCAN=1] ELSUPPNAM ELSUPPACCTNUM Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: ENTER THE SUPPLIER'S NAME, THE ACCOUNT NUMBER, THE PERSON TO WHOM THE BILL IS ADDRESSED, AND THE SUPPLIER'S ADDRESS AND TELEPHONE NUMBER AS THEY APPEAR ON THE BILL THE RESPONDENT JUST GAVE YOU. |
| | | Supplier Name |
| | | Account Number |
| | | Addressee |
| | | Street |
| | | City |
| | | StateZIP Code |
| | | Area CodeTelephone Number |
| | I-2b | [If ELBILLTOSCAN=0] <u>ELSUPPNAM</u> <u>ELSUPPACCTNUM</u> What is the name and account number of your household's electricity supplier and the name of the person to whom the bill is sent? |
| | | Supplier Name |
| | | Account Number |
| | | Addressee |
| | | I-2b1 What is the address and telephone number for that electricity supplier? |
| | | Street |
| | | City |
| | | StateZIP Code |
| | | Area Code Telephone Number |

| natura | al gas bill | ll that I can scan into my computer? | |
|--------|-------------------------|--|-----------------|
| | | | |
| I-3a | others SUPPL ADDR | GBILLTOSCAN=1] NGSUPPNAM NGSUPPACCTNUM Thank you. I will scan to you may have at the end of this interview. INTERVIEWER INSTRUCTION: EN LIER'S NAME, THE ACCOUNT NUMBER, THE PERSON TO WHOM THE BILL RESSED, AND THE SUPPLIER'S ADDRESS AND TELEPHONE NUMBER AS THE BILL THE RESPONDENT JUST GAVE YOU. | TER THE L IS |
| | | Supplier Name | |
| | | Account Number | |
| | | Addressee | |
| | | Street | |
| | | City | |
| | | StateZIP Code | |
| | | Area Code Telephone Number | |
| I-3b | | GBILLTOSCAN=1] NGSUPPNAM NGSUPPACCTNUM What is the name and act the name and act to be a supplier and the name of the person to whom the bill i | |
| | | Supplier Name | |
| | | Account Number | |
| | | Addressee | |
| | I-3b1 | What is the address and telephone number for that natural gas supplier? | |
| | | Street | |
| | | City | |
| | | StateZIP Code | |
| | | Area Code Telephone Number | |

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| | Yes | 1 | |
|------|--|---|---|
| | No | 0 | |
| I-4a | YOU H SCANI scan th NAME THE S | PGBILLTOSCAN=1] LPGSUPPNAM LPGSUPPACCTNUM INTERVIEWER INST HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT THE BIL INED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: That It is bill and any others you may have at the end of this interview. ENTER THE SUPP E, THE ACCOUNT NUMBER, THE PERSON TO WHOM THE BILL IS ADDRESS SUPPLIER'S ADDRESS AND TELEPHONE NUMBER AS THEY APPEAR ON THE ONDENT JUST GAVE YOU. | LS WILL BE Ink you. I wil PLIER'S SED, AND |
| | | Supplier Name | |
| | | Account Number | |
| | | Addressee | |
| | | Street | |
| | | City | |
| | | StateZIP Code | |
| | | A C 1 T 1 N 1 | |
| | | Area CodeTelephone Number | |
| I-4b | numbe | GBILLTOSCAN=0] <u>LPGSUPPNAM</u> <u>LPGSUPPACCTNUM</u> What is the name and ser of your household's [If NDIFLPCO>1: most-used] propane (bottled gas) supplies of the person to whom the bill is sent? | account r and the |
| I-4b | numbe | GBILLTOSCAN=0] <u>LPGSUPPNAM</u> <u>LPGSUPPACCTNUM</u> What is the name and ser of your household's [If NDIFLPCO>1: most-used] propane (bottled gas) supplies of the person to whom the bill is sent? Supplier Name | account r and the |
| I-4b | numbe | GBILLTOSCAN=0] LPGSUPPNAM LPGSUPPACCTNUM What is the name and ser of your household's [If NDIFLPCO>1: most-used] propane (bottled gas) supplie of the person to whom the bill is sent? Supplier Name | account r and the |
| I-4b | numbe | GBILLTOSCAN=0] <u>LPGSUPPNAM</u> <u>LPGSUPPACCTNUM</u> What is the name and ser of your household's [If NDIFLPCO>1: most-used] propane (bottled gas) supplies of the person to whom the bill is sent? Supplier Name | account r and the |
| I-4b | numbe | GBILLTOSCAN=0] LPGSUPPNAM LPGSUPPACCTNUM What is the name and ser of your household's [If NDIFLPCO>1: most-used] propane (bottled gas) supplie of the person to whom the bill is sent? Supplier Name | r and the |
| I-4b | numbe name (| GBILLTOSCAN=0] LPGSUPPNAM LPGSUPPACCTNUM What is the name and ser of your household's [If NDIFLPCO>1: most-used] propane (bottled gas) supplies of the person to whom the bill is sent? Supplier Name Account Number Addressee | r and the |
| I-4b | numbe name (| GBILLTOSCAN=0] LPGSUPPNAM LPGSUPPACCTNUM What is the name and ser of your household's [If NDIFLPCO>1: most-used] propane (bottled gas) supplies of the person to whom the bill is sent? Supplier Name Account Number Addressee What is the address and telephone number for that propane (bottled gas) supplies | er and the |

I-4

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| | Yes1 |
|--------------------|---|
| | No0 |
| I-5a | [IF LPGBILLTOSCAN2=1] LPGSUPPNAM2 LPGSUPPACCTNUM2 INTERVIEWER INSTRUCTION: IF YOU HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THE BILLS WILL BE SCANNED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: <i>Thank you. I will scan this bill and any others you may have at the end of this</i> ENTER THE SUPPLIER'S NAME, THE ACCOUNT NUMBER, THE PERSON TO WHOM IS ADDRESSED, AND THE SUPPLIER'S ADDRESS AND TELEPHONE NUMBER AS THAPPEAR ON THE BILL THE RESPONDENT JUST GAVE YOU. |
| | Supplier Name |
| | Account Number |
| | Addressee |
| | Street |
| | City |
| | StateZIP Code |
| | Area CodeTelephone Number |
| I-5b | [If LPGBILLTOSCAN2=0] <u>LPGSUPPNAM2</u> <u>LPGSUPPACCTNUM2</u> What is the name and number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? |
| 1-20 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name |
| 1-30 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? |
| 1-30 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name |
| 1-30 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name |
| 1-20 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name Account Number Addressee I-5b1 What is the address and telephone number for that propane (bottled gas) supplier |
| 1-20 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name Account Number Addressee I-5b1 What is the address and telephone number for that propane (bottled gas) supplier Street |
| 1-20 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name Account Number Addressee I-5b1 What is the address and telephone number for that propane (bottled gas) supplier |
| 1-90 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name |
| 1-50 | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name Account Number Addressee I-5b1 What is the address and telephone number for that propane (bottled gas) supplier Street City State ZIP Code |
| | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name |
| [If FOI | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name Account Number Addressee I-5b1 What is the address and telephone number for that propane (bottled gas) supplier Street City State ZIP Code |
| [If FOI | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name |
| [If FOI | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name Account Number Addressee I-5b1 What is the address and telephone number for that propane (bottled gas) supplier Street City State ZIP Code Area Code Telephone Number PAY=1] FOBILLTOSCAN Do you have a recent bill from your [If NDIFFOCO>1: most-used] are that I can scan into my computer? |
| [If FOI | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name |
| [If FOI supplie | number of your household's [If NDIFLPCO=2: other; If NDIFLPCO>2: second most-used] p (bottled gas) supplier and the name of the person to whom the bill is sent? Supplier Name |

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TELEPHONE NUMBER AS THEY APPEAR ON THE BILL THE RESPONDENT JUST GAVE YOU.

| | | Supplier Name | | | | _ |
|-------------------|--|--|--|--|--|---|
| | | Account Number | | | | _ |
| | | Addressee | | | | |
| | | Street | | | | |
| | | City | | | | _ |
| | | State | | _ZIP Code | | _ |
| | | Area CodeTelephone | Number | | | _ |
| I-6b | [If FOE of your | ILLTOSCAN=0] <mark>FOSUPPNAM</mark> household's [If NDIFFOCO>1: | FOSUPPACCTNU most-used] fuel oil s | M What is the supplier? | e name and a | account numbe |
| | | Supplier Name | | | | _ |
| | | Account Number | | | | - |
| | I-6b1 | What is the address and telep | hone number for th | at fuel oil gas | supplier? | |
| | | Street | | | | |
| | | City | | | | |
| | | State | | | | |
| | | Area CodeTe | elephone Number | | | |
| delive | r ed fuel o If NDIFF | 1] FOBILLTOSCAN2 Earlier y I to your home in the past 12 n OCO>2: the second most-used] t | onths. Do you have | a recent bill f | rom [If NDI | FFOCO=2: you |
| delive | red fuel o If NDIFF Yes | to your home in the past 12 m OCO>2: the second most-used | onths. Do you have | a recent bill f | rom [If NDI | FFOCO=2: you |
| deliver other; | Yes No [IF FOI CLEAF INTER may ha THE PI | to your home in the past 12 n OCO>2: the second most-used] | nonths. Do you have fuel oil supplier that were instruction the bills will tement: <i>Thank yo</i> nter the supplies addressed, and | a recent bill for I can scan into the I can scan into the I can scan into the I can to the I can | Trom [If NDII to my compu VE NOT BY D AT THE E this bill and to THE ACCOL PLIER'S ADI | FFOCO=2: you uter? NOW MADE: END OF THE any others you UNT NUMBER DRESS AND |
| deliver other; | Yes No [IF FOI CLEAF INTER may ha THE PI | I to your home in the past 12 m OCO>2: the second most-used] to the second most-used] to the second most-used] to the second most-used] to the RESPONDENT THAY IEW, THEN READ THIS STAY IEW, THEN READ THIS STAY IEW, THEN READ THIS STAY IEW, THEN AND THE BILL THONE NUMBER AS THEY AP | ver instruction the bills will the bills will tement: Thank yo nter the suppli is addressed, and | a recent bill for I can scan into the I can scan into the I can scan into the I can to the I can | Trom [If NDII to my compu VE NOT BY D AT THE E this bill and o THE ACCOU PLIER'S ADI DNDENT JUS | FFOCO=2: you uter? NOW MADE: END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |
| delive | Yes No [IF FOI CLEAF INTER may ha THE PI | I to your home in the past 12 n OCO>2: the second most-used] to the second most-used most-used] to the second most-used | ver instruction The bills will Tement: Thank yo Nter the Suppli Is addressed, and Pear on the bill | a recent bill for I can scan into the I can scan into the I can scan into the I can be seen to the I can be supported by the I can be supported by the RESPO | Trom [If NDII to my compu VE NOT BY D AT THE E this bill and to THE ACCOU PLIER'S ADI ONDENT JUS | FFOCO=2: you uter? NOW MADE: END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |
| deliver other; | Yes No [IF FOI CLEAF INTER may ha THE PI | I to your home in the past 12 m OCO>2: the second most-used] to the second most-used] to the second most-used] to the second most-used] to the RESPONDENT THAY IEW, THEN READ THIS STAY IEW, THEN READ THIS STAY IEW, THEN READ THIS STAY IEW, THEN AND THE BILL THONE NUMBER AS THEY AP | nonths. Do you have fuel oil supplier that were instruction the bills will temperature. Thank you nter the supplies addressed, and pear on the bills. | a recent bill fit I can scan into I can scan into I can scan into I can be SCANNED at the I will scan to ER'S NAME, NO THE SUPPL THE RESPO | Trom [If NDII to my compu VE NOT BY D AT THE E this bill and o THE ACCOU PLIER'S ADI DNDENT JUS | FFOCO=2: you uter? NOW MADE I END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |
| deliver other; | Yes No [IF FOI CLEAF INTER may ha THE PI | I to your home in the past 12 m OCO>2: the second most-used] to the second most-used most-used] to the second most-used | Nonths. Do you have fuel oil supplier that were instruction the bills will. Tement: <i>Thank yo</i> nter the supplies addressed, and pear on the bill. | a recent bill fit I can scan into I can scan into I can scan into I can be seen to I will scan to ER'S NAME, ND THE SUPP L THE RESPO | Trom [If NDII] To my compute The NOT BY The ACCOUNT AC | FFOCO=2: you uter? NOW MADE I END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |
| deliver other; | Yes No [IF FOI CLEAF INTER may ha THE PI | I to your home in the past 12 m OCO>2: the second most-used] is I a compared to the second most-used most in the second most in th | VER INSTRUCTION T THE BILLS WILL TEMENT: <i>Thank yo</i> NTER THE SUPPLE IS ADDRESSED, AN PEAR ON THE BILL | a recent bill fit I can scan into I can scan into I can scan into I can be seen to I will scan to ER'S NAME, ND THE SUPPL THE RESPO | Trom [If NDII to my compu VE NOT BY D AT THE E this bill and o THE ACCOU PLIER'S ADI DNDENT JUS | FFOCO=2: you uter? NOW MADE I END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |
| deliver other; | Yes No [IF FOI CLEAF INTER may ha THE PI | I to your home in the past 12 m OCO>2: the second most-used] to the second most-used most-used] to the second most-used | Nonths. Do you have fuel oil supplier that were instruction the bills will temperature. Thank you nter the supplies addressed, and the bill the bil | a recent bill fit I can scan into I can into I | Trom [If NDII to my compu VE NOT BY D AT THE E this bill and a THE ACCOU PLIER'S ADI DNDENT JUS | FFOCO=2: you uter? NOW MADE: END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |
| deliver other; | Yes No [IF FOI CLEAF INTER may ha THE PI | I to your home in the past 12 m OCO>2: the second most-used] to the second most-used most-used] to the second most-used | Nonths. Do you have fuel oil supplier that were instruction the bills will temperature. Thank you nter the supplies addressed, and the bill the bil | a recent bill fit I can scan into I can into I | Trom [If NDII to my compu VE NOT BY D AT THE E this bill and a THE ACCOU PLIER'S ADI DNDENT JUS | FFOCO=2: you uter? NOW MADE: END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |
| deliver other; | red fuel o If NDIFF Yes No [IF FOI CLEAF INTER may ha THE PI TELEP | I to your home in the past 12 m OCO>2: the second most-used] to the second most-used most-used] to the second most-used | Number | a recent bill fit I can scan into I can scan into I can scan into I can scan into I can be seen to I will scan | Trom [If NDII to my compute to my compute to my compute to my compute this bill and to the ACCOUNTIER'S ADII DNDENT JUST the name as | FFOCO=2: you uter? I NOW MADE: END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |
| deliver other; | red fuel o If NDIFF Yes No [IF FOI CLEAF INTER may ha THE PI TELEP | I to your home in the past 12 m OCO>2: the second most-used] is I a compared to the second most-used most-used is I a compared to the second most-used most-used is I a compared to the second most-used mos | Number | a recent bill fit I can scan into I can scan into I can scan into I can scan into I can be seen to I will scan to ER'S NAME, ND THE SUPP L THE RESPO | VE NOT BY DAT THE E this bill and a THE ACCOUNT DIVISION DENT JUST STATE THE PROPERTY AND THE ACCOUNT SET THE | FFOCO=2: you uter? NOW MADE INTERPOLATION OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU The state of the state |
| deliver other; | red fuel o If NDIFF Yes No [IF FOI CLEAF INTER may ha THE PI TELEP | I to your home in the past 12 m OCO>2: the second most-used] is I composed to the second most-used most is I composed to the second most is I composed to th | Number | a recent bill fit I can scan into I can scan into I can scan into I can scan into I can be seen to I will scan to ER'S NAME, ND THE SUPP L THE RESPO | Trom [If NDII] VE NOT BY D AT THE E this bill and a THE ACCOU PLIER'S ADI DNDENT JUS s the name an | FFOCO=2: you uter? I NOW MADE: END OF THE any others you UNT NUMBER DRESS AND ST GAVE YOU |

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| | | I-7b1 Wh : | at is the address a | and telephone number for that fuel oil supplier? |
|-----|------|---|--|--|
| | | | Street | |
| | | | City | |
| | | | State | ZIP Code |
| | | | Area Code | Telephone Number |
| I-8 | | used] kerosene | supplier that I car | Do you have a recent bill from your household's [If NDIFKRCO>1: n scan into my computer? |
| | | | | |
| | I-8a | INSTRUCTI THE BILLS STATEMEN ENTER THE IS ADDRESS | ON: IF YOU HAV WILL BE SCANN T: <i>Thank you. I w</i> E SUPPLIER'S NA SED, AND THE S | KEROSUPPNAM KEROSUPPACCTNUM INTERVIEWER VE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT NED AT THE END OF THE INTERVIEW, THEN READ THIS will scan this bill and any others you may have at the end of this interview. The Account number, the person to whom the bill supplier's Address and telephone number as they respondent just gave you. |
| | | Sup | plier Name | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | ZIP Code |
| | | | | elephone Number |
| | I-8b | number of y | our household's 🛚 | EROSUPPNAM KEROSUPPACCTNUM What is the name and accound If NDIFKRCO>1: most-used kerosene supplier and the name of the t? |
| | | Sup | plier Name | |
| | | | | |
| | | | | |
| | | I-8b1 Wh | at is the address a | and telephone number for that kerosene gas supplier? |
| | | | Street | |
| | | | | |
| | | | | ZIP Code |
| | | | Area Code | Telephone Number |

I-9 [If NDIFKRCO>1] KEROBILLTOSCAN2 Earlier you told me that [FILL:NDIFKRCO] different companies delivered kerosene to your home in the past 12 months. Do you have any recent bills from [If NDIFKRCO=2: your other; If NDIFKRCO>2: the second most-used] kerosene supplier that I can scan into my computer?

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| | | No0 |
|--------|---------|--|
| | I-9a | [IF KEROBILLTOSCAN2=1] KEROSUPPNAM2 KEROSUPPACCTNUM2 INTERVIEWER INSTRUCTION: IF YOU HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT THE BILLS WILL BE SCANNED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: <i>Thank you. I will scan this bill and any others you may have at the end of this interview.</i> ENTER THE SUPPLIER'S NAME, THE ACCOUNT NUMBER, THE PERSON TO WHOM THE BILL IS ADDRESSED, AND THE SUPPLIER'S ADDRESS AND TELEPHONE NUMBER AS THEY APPEAR ON THE BILL THE RESPONDENT JUST GAVE YOU. |
| | | Supplier Name |
| | | Account Number |
| | | Addressee |
| | | Street |
| | | City |
| | | StateZIP Code |
| | | Area CodeTelephone Number |
| | I-9b | [If KEROBILLTOSCAN2=0] KEROSUPPNAM2 KEROSUPPACCTNUM2 What is the name and account number of your household's [If NDIFKRPCO=2: other; If NDIFKRCO>2: second most-used] kerosene supplier? |
| | | Supplier Name |
| | | Account Number |
| | | I-9b1 What is the address and telephone number for that kerosene supplier? |
| | | Street |
| | | City |
| | | State ZIP Code |
| | | Area Code Telephone Number |
| FOR TI | HIS HOU | R INSTRUCTION: TAKE OUT THE YELLOW HOUSING UNIT NOTES/MEASUREMENTS BOOKLET USING UNIT. CATI WILL TELL YOU THE CASE ID NUMBER FOR THIS HOUSING UNIT TO IT YOU USE THE CORRECT BOOKLET. |
| I-10 | inform | ORM Thank you for this information about your energy suppliers. So we can collect additional ation from your fuel suppliers about the actual amounts of energy you use, would you please sign this ization form that gives them your permission to give us that information? |
| | | VIEWER INSTRUCTION: GIVE THE AUTHORIZATION FORM TO THE RESPONDENT AND RD WHETHER THE RESPONDENT SIGNED IT OR REFUSED TO SIGN. |
| | | Authorization Form Not Signed |
| I-11 | | LOT Do any of your household fuel bills include charges for fuel used for some purpose other than for sonal use of the members of your household? |
| | | Yes1 |
| | | No0 |
| | | |

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| I-11a | which o | ELOT=1] INTERVIEWER INSTRUCTION: SHOW CARD 35. Please look at Card 35. For of the purposes listed are costs of fuel included in your household fuel bills? Mark all that apply VIEWER INSTRUCTION: PROBE, IF NECESSARY: Any others? |
|-------|---------|---|
| | | FARM Farm buildings or machinery |
| | | TENANT The house or apartment of another household |
| | | BUSINESS A business or office |
| | | OTHERUSE Some use other than your own personal use? (Specify) |
| | | OTTEROSE Some use other than your own personal use: (Specify _) |
| I-11b | | ELOT=1] Which fuel bills include costs of fuel used for purposes other than your own living rs? Is it |
| | | BILLUG Natural gas (from underground pipes),1 |
| | | BLPUSE Propane (bottled gas), |
| | | BILLFOIL Fuel oil, 3 |
| | | |
| | | BILLKER Kerosene, or |
| | | BILLEL Electricity?5 |
| | I-11b1 | [If BILLPUR=1] BILLUGP INTERVIEWER INSTRUCTION: SHOW CARD 3. Please look at Card 3. What portion of the natural gas bill is for non-household uses? |
| | | Very little (1-4%)1 |
| | | Some (5-33%)2 |
| | | About half (34-66%)3 |
| | | About three-quarters (67-95%)4 |
| | | Most of it (96-99%)5 |
| | I-11b2 | [If BILLPUR=2] BILLLGP INTERVIEWER INSTRUCTION: SHOW CARD 3. Please look at Card 3. What portion of the propane (bottled gas) bill is for non-household uses? |
| | | Very little (1-4%)1 |
| | | Some (5-33%)2 |
| | | About half (34-66%)3 |
| | | About three-quarters (67-95%)4 |
| | | Most of it (96-99%)5 |
| | I-11b3 | [If BILLPUR=3] BILLFOP INTERVIEWER INSTRUCTION: SHOW CARD 3. Please look at Card 3. What portion of the fuel oil bill is for non-household uses? |
| | | V ₂ 1:41- (1 40/) |
| | | Very little (1-4%) |
| | | Some (5-33%) |
| | | About half (34-66%) |
| | | Most of it (96-99%)5 |
| | | 141000 01 10 (70 7770) |
| | I-11b4 | [If BILLPUR=4] BILLKERP INTERVIEWER INSTRUCTION: SHOW CARD 3. Please look a |
| | | Card 3. What portion of the kerosene bill is for non-household uses? |
| | | Vom little (1 40/) |
| | | Very little (1-4%) |
| | | Some (5-33%) |
| | | About three-quarters (67-95%)4 |
| | | Most of it (96-99%)5 |
| | | 17105t 01 It (70-77/0) |
| | I-11b5 | [If BILLPUR=5] BILLELP INTERVIEWER INSTRUCTION: SHOW CARD 3. Please look at |
| | | Card 3. What portion of the electric bill is for non-household uses? |
| | | |
| | | Very little (1-4%) |
| | | Some (5-33%)2 |

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| | | y want to contact you abou | | |
|--------|--|----------------------------|----------------------|---|
| | | Геlephone Number | | |
| | | reteptione Number | | |
| this b | uilding. May I have the ho is responsible for a | e name of the person or co | mpany to whom you p | ormation about the fuels us pay rent or condominium/o EL BILLS PAID] bills for th |
| | Name | | | |
| | Street | | | |
| | | | | |
| | | | | |
| | Area Code | Telephone Number | | |
| I-13a | [If TYPEHUQ=1,4,5 name? | [COMPLEXN] Does the co | omplex or developmen | nt where you live have a fo |
| | | 1 | | |
| | I-13a1 [If COMPL | EXN=1] CPLXNAME Wh | at is the name? | |
| | Na | me | | |
| | | | | |
| | | | | |

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Section J: HOUSEHOLD CHARACTERISTICS

Now I have a few questions about the people living in this home.

| J-1 | HHINTRO The first few question home. Are you a householder? | s are about the householder. That | is, one of the people who owns or rents the |
|---------------|--|--|--|
| | Yes No | | |
| J-2 | <u>HHSEX</u> [If HHINTRO=1:Are you; | If HHINTRO=0: <i>Is the householde</i> | er] a male or a female? |
| | Male Female | | |
| J-3 | <u>HHAGE</u> How old [If HHINTRO=1 | 1: are you?; If HHINTRO=0: is the | householder?] |
| | Age of householder | | |
| J-4 | EMPLOYHH How would you describe status? Would you say | cribe [If HHINTRO=1: your; If HH | INTRO=0: the householder's employment |
| | Employed full-time, Employed part-time, or Not employed/retired? | 2 | |
| J-5 | SPOUSE [If HHINTRO=1: Are you | u; If HHINTRO=0: Is the household | der] living with a spouse or partner? |
| | Yes No | | |
| J-6 | SDESCENT [If HHINTRO=1: Are | you; If HHINTRO=0: Is the house | holder] Hispanic or Latino? |
| | Yes No | | |
| J-7 | | JCTION: SHOW CARD 36. Please =0: the householder's race? You can | look at Card 36. Which describes [If an select one or more categories. |
| | | 01 | |
| | | n | |
| | Asian | 41 | |
| | | Pacific Islander | |
| | | 07 | |
| J-8 | EDUCATION INTERVIEWER IN degree or level of school [If HHIN | STRUCTION: SHOW CARD 37. PITRO=1: you have; If HHINTRO=0 | lease look at Card 37. What is the highest the householder has] completed? |
| | | 0 | |
| RECS | Kindergarten to grade 12 ((1905-0092) | (No Diploma) 1 66 | September 2009 |
| \mathcal{L} | (1702 0072) | 00 | September 2009 |

| | | High school diploma or GED2 |
|-------|---------|---|
| | | Some college, no degree |
| | | Associate's degree (for example: AA, AS)4 |
| | | Bachelor's degree (for example: BA, BS)5 Master's degree (for example: MA, MS, MBA) 6 |
| | | Professional degree (for example: MD, JD)7 |
| | | Doctorate degree (for example: PhD, EdD) |
| | | |
| J-9 | | <u>DMEM</u> Including yourself, how many people normally live in this household? Do not include anyone just visiting, those away in the military, or children who are away at college. |
| | | Number of household members |
| | | Number of nousehold members |
| J-10a | | SLDMEM>1] AGEHHMEM2 Other than [If HHINTRO=1: yourself; If HHINTRO=0: the householder], s the age of the oldest person in this household? |
| | | Age of oldest person in household |
| J-10b | | DMEM>2] AGEHHMEM3-14 Of the [ENTER THE NUMBER OF REMAINING HOUSEHOLD BERS] remaining members of this household, what is the age of the next oldest person? |
| | | Age of next oldest person in household |
| HOUS | EHOLD : | R INSTRUCTION: REPEAT QUESTION J-10b UNTIL ALL BUT THE YOUNGEST MEMBER OF THE HAS BEEN ENUMERATED. CAPI WILL KEEP TRACK FOR YOU AND BRING UP THE QUESTION INGEST PERSON WHEN APPROPRIATE. |
| J-10c | [If NH | SLDMEM Counter=1] AGEHHMEMY What is the age of the youngest person in this household? |
| | | Age of youngest person in household |
| J-11 | HRUS | NESS Does anyone in this household operate a home-based business or service? |
| , 11 | IID C C | |
| | | Yes1 |
| | | No0 |
| | J-11a | [If HBUSNESS=1] OTHBUS What kind of business or service is this? |
| | | |
| J-12 | ATHO | ME On a typical week day is there someone at home most or all of the day? |
| | l . | |
| | | Yes |
| | | |
| J-13 | TELLV | NORK Does anyone in this household telecommute or telework at anytime during the week? |
| | | Yes |
| | J-13a | [If TELLWORK=1] TELLDAYS How many days, on average, does someone in this household |
| | 5 1 J G | telecommute or telework each month? |
| | | Number of telework days |

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| | Yes | | | |
|----------------|---|--|--|----------------|
| | No | 0 | | |
| J-14a | [If OTHWORK=1] OTHACT | What is that activ | rity? | |
| In 2009 |), did you or any member of yo | ur household rece | ve income from any of the follow | ing sources? |
| | , and got on the grant of the gr | | | <u>No</u> |
| WOR | KPAY a. Employment income i | ncluding wages, s | alaries. | |
| | issions, bonuses, and tips from | | | |
| self-er | nployment income from a busir | ness or farm | 1 | |
| | REPY b. Retirement income fro | | | |
| Retire | ment, pensions or other retiren | nent funds | 1 | |
| SSINO | COME c. Supplemental Security | y Income (SSI) | 1 | |
| CASH | BEN d. Welfare payments or c | ash assistance | 1 | |
| | | | | |
| INVE | STMT e. Income from interest, | dividends, rental | properties, | |
| royalt | ies, estates, or trusts | ••••• | 1 | |
| RGI R | PAY f. Any other regular sour | cas of income sucl | as Vatarans' | |
| | payments, survivor or disability | | | |
| compe | ensation, child support, or alime | onv | 1 | |
| | | | | |
| | | | | |
| MONE | YPY INTERVIEWER INSTRUC | TION: SHOW CA | RD 38. Please look at Card 38. Inc | cluding all of |
| incom | e sources I just asked you abou | t, which category | RD 38. Please look at Card 38. Inc best describes the 2009 total coml | 0 |
| incom | | t, which category | | 0 |
| incom | e sources I just asked you abou hold members before taxes and | t, which category deductions? | best describes the 2009 total coml | bined income |
| incom | e sources I just asked you abou hold members before taxes and Less than \$2,500 | t, which category deductions? | best describes the 2009 total comb \$50,000 to \$54,999 | bined income |
| incom | Less than \$2,500\$2,500 to \$4,999 | t, which category deductions?0102 | \$50,000 to \$54,999 \$55,000 to \$59,999 | bined income1: |
| incom | Less than \$2,500 | t, which category deductions?010203 | \$50,000 to \$54,999 \$55,000 to \$59,999 \$60,000 to \$64,999 | bined income11 |
| incom | Less than \$2,500 | t, which category deductions? 01020304 | \$50,000 to \$54,999 \$55,000 to \$59,999 \$60,000 to \$64,999 \$65,000 to \$69,999 | 11 |
| incom | Less than \$2,500 | t, which category deductions? 01020304 | \$50,000 to \$54,999 \$55,000 to \$59,999 \$60,000 to \$64,999 \$65,000 to \$69,999 \$70,000 to \$74,999 | 1 1 1 |
| incom | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 \$55,000 to \$59,999 \$60,000 to \$64,999 \$65,000 to \$69,999 \$70,000 to \$74,999 \$75,000 to \$79,999 | 111111 |
| incom | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 \$55,000 to \$59,999 \$60,000 to \$64,999 \$65,000 to \$69,999 \$70,000 to \$74,999 \$75,000 to \$79,999 \$80,000 to \$84,999 | |
| incom | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 | |
| incom | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 | 11111 |
| incom | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 | 1 |
| incom | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 | 1 |
| incom | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 | 1 |
| incom house | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 | bined income |
| incom house | Less than \$2,500 | t, which category deductions? | \$50,000 to \$54,999 | bined income |

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| RMA | маті | ION F | HERE | ABOU' | ГТНЕ |
|-----|------|-------|------|---------|------|
| | | | | /IDE CI | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Section K: ENERGY ASSISTANCE

INTERVIEWER INSTRUCTION: SECTION K—ENERGY ASSISTANCE IS TO BE ASKED ONLY OF THOSE RESPONDENTS WHO QUALIFY FOR ASSISTANCE UNDER THE *LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)*. ELIGIBILITY FOR LIHEAP IS DETERMINED BY EACH STATE AND IS DEPENDENT ON HOUSEHOLD INCOME AND THE HOUSEHOLD SIZE.

CAPI WILL DETERMINE IF YOU ARE TO ADMINISTER SECTION K TO THIS RESPONDENT. IF THE RESPONDENT'S HOUSEHOLD IS NOT ELIGIBLE, CAPI WILL AUTOMATICALLY SKIP THESE QUESTIONS AND TAKE YOU TO SECTION L—HOUSING UNIT MEASUREMENTS.

INTERVIEWER INSTRUCTION: SHOW CARD 39. Some households may have faced challenges in paying home energy bills. The following questions ask about challenges your household may have had paying home

K-1

| | | Almost Every <u>Month</u> | Only Some <u>Months</u> | 1 or 2 Months | <u>I</u> |
|------|--|---------------------------------|-------------------------------|------------------|----------|
| K-1a | SCALEB How often did your household reduce or forgo expenses for basic household necessities, such as medicine or food, due to your home energy | | | | |
| | bill? | 1 | 2 | 3 | • • • • |
| K-1b | SCALEG How often did your household keep your home at a temperature that you felt was unsafe or unhealthy? | 1 | 2 | 3 | |
| K-1c | SCALED How often did your household pay an amount less than what you owed on your home energy bill, because you were unable to afford the whole home energy bill? | 1 | 2 | 3 | |
| K-1d | SCALEE When home energy bills are not paid on time, it is common for energy utilities and suppliers to send 'late notices.' If the bill is very late, they will send a 'disconnect' or 'shut-off notice'. How often did an energy utility or supplier send you a 'disconnect' or | | | | |

utility or supplier in response to the 'disconnect' or 'shut-off notice'?

K-1d1 [If SCALEE=1] PAYARRNG Did you enter into a payment arrangement with your energy

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| | Yes | 1 | | | |
|------|-------------------|---|---|--|--------|
| | | 0 | | | |
| | | | | | |
| | | | | you were unable to pay your home end om January 1 through December 31 of | |
| | Yes | 1 | | | |
| | | 0 | | | |
| K-3a | | During which of the folluse the service was disc | | id your household lose the use of your all that apply.) | |
| | NOEL. | JAN January 2009 | 1 | NOELJUL July 2009 | , |
| | | FEB February 2009 | | NOELAUG August 2009 | |
| | | MAR March 2009 | | NOELSEP September 2009 | |
| | | APR April 2009 | | NOELOCT October 2009 | |
| | | MAY May 2009 JUN June 2009 | | NOELNOV November 2009 NOELDEC December 2009 | |
| | NOEL. | JOIN June 2009 | 0 | NOELDEC December 2009 | 1 |
| K-3b | | NOPYEL While your ele in source of heat but we | | connected, was there a time when you v | vanted |
| | | | | | |
| | | | | REST You mentioned receiving home ep you to restore heating to your home? | energy |
| | | YesNo | | | |
| K-3c | | and NOPAY=1] NOPYE wanted to use your air-o | | r electricity was disconnected, was ther were unable to? | e a |
| | | | | | |
| | | ERGYAID=1 and NOPYInce help you to restore o | | ELACREST Did receiving home energy nome? | y |
| | | YesNo | | | |
| | bill? Please remo | | | because you were unable to pay your h urred from January 1 through of Decen | |
| | Yes | 1 | | | |
| | 1 00 | | | | |

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[If NOGA=1] During which of the following months did your household lose the use of your natural

K-4a

gas because the service was disconnected? Mark all that apply.

| | | | NOGAJAN January 2009 | |
|--------|-----------|----------|--|--|
| | | | NOGAFEB February 2009 | NOGAAUG August 20098 |
| | | | NOGAMAR March 2009 | |
| | | | NOGAAPR April 2009 | |
| | | | NOGAMAY May 2009 | |
| | | | NOGAJUN June 2009 | |
| | K-4b | | to use your main source of heat but were u | rvice was disconnected, was there a time when you inable to? |
| | | | No0 | |
| | | K-4b1 | | PYGAREST Earlier, you mentioned receiving home ergy assistance help you to restore heating to your |
| | | | Yes | 1 |
| | | | No | |
| | | | 110 | |
| | Decem | Yes | 1 | |
| | | | Employment income including wages, salar onuses, and tips from all jobs, as well as | ries, |
| | | | | |
| | | | NOFLJAN January 2009 | |
| | | | NOFLFEB February 2009 | |
| | | | NOFLMAR March 2009 | |
| | | | NOFLAPR April 2009 | |
| | | | NOFLMAY May 2009 | |
| | | | NOFLJUN June 2009 | NOFLDEC December 200912 |
| | K-5b | | FUEL=1] NOPYFL When you ran out of your main source of heat but were unable to | our heating fuel, was there a time when you wanted o? |
| | | | Yes | |
| | | K-5b1 | | YFLREST You mentioned receiving home energy istance help you to restore heating to your home? |
| | | | Yes | |
| Now, l | et's talk | about pr | oblems you may have had with your heating | g or cooling equipment. |
| K-6 | [If HEA | | E=1] NOHTBRK In 2009, were you unable t | to use your main heating equipment because it was |
| | DI OKEI | l • | | |

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Yes1

| | | No | 0 | |
|--------|----------|--------------------|--|-----------|
| | K-6a | [If NOI | HTBRK=1] HTFIX Was your heating equipment fixed or replaced? | |
| | | | Yes | |
| | | K-6a1 | [If ENERGYAID=1 and HTFIX=1] NOPYFIXREST Did receiving home energy assistant help you to fix or replace your heating equipment? | ce |
| | | | Yes | |
| K-7 | [If CO | | =1,3] NOCACBRK In 2009, were you unable to use your central air conditioner because i | it was |
| | | | 0 | |
| | K-7a | [If NOO | CACBRK=1] CACFIX Was your central air conditioner fixed or replaced? | |
| | | | Yes | |
| | | K-7a1 | [If ENERGYAID=1 and CACFIX=1] NOPYFIXACREST Did receiving home energy assistance help you to fix or replace your central air conditioner? | |
| | | | Yes | |
| K-8 | | OLTYPE= broken? | =2,3] NOWWACBRK In 2009, were you unable to use any room air conditioning unit bec | cause |
| | | | | |
| | K-8a | [If NOV | WWACBRK=1] WWACFIX Was your room air conditioning unit fixed or replaced? | |
| | | | Yes | |
| | | K-8a1 | [If ENERGYAID=1 and WWACFIX=1] WWACAID Did receiving home energy assistant help you to fix or replace your room air conditioning unit? | ce |
| | | | Yes | |
| Now I | would li | ke to ask | you a few questions about how your home heating and cooling has affected the health o | f you |
| housel | nold men | nbers. In | | <u>No</u> |
| | K-9a | [If SCA medica | LEG=1,2,3] COLDMA Did anyone in your household need I attention because your home was too cold? | 0 |
| | | K-9a1 | [If COLDMA=1] COLDMA60 You responded that someone in your household needed medical attention. Were any of the people who needed medical attention 60 years or older? | 0 |

| | K-9a2 | [If COLDMA=1] [COLDMA5] Were any of the people who needed medical attention 5 years old or younger? |
|--------|------------------------|---|
| K-9b | | ALEG=1,2,3] HOTMA Did anyone in your household need medical on because your home was too hot? |
| | K-9b1 | [If HOTMA=1] HOTMA60 You responded that someone in your household needed medical attention. Were any of the people who needed medical attention 60 years or older? |
| | K-9b2 | [If HOTMA=1] HOTMA5 Were any of the people who needed medical attention 5 years old or younger? |
| K-9c | fire sta as spac | RRY=1 or RANGE=1 or OUTGRILL=1 or CHIMNEY=1] ALTHTFR Did any rt in your home as a result of using an alternate heating source, such be heaters, your kitchen stove or oven, an outdoor grill, or your ce? |
| | K-9c1 | [If ALTHTFR=1] HTFRNUM How many individuals needed medical attention because of the fire? |
| | | EnterNumber |
| K-9d | | PAYEL=1] ALTLTFR Did any fire start in your home as a result of using rnate lighting source, such as candles or kerosene lanterns?1 |
| | K-9d1 | [If ALTLTFR=1] LTFRNUM How many individuals needed medical attention because of the fire? |
| | | Enter Number |
| same a | amount or energy bi | me energy utilities and suppliers offer <i>budget</i> payment plans that allow a household to n the home energy bill each month. In 2009, did your household use a <i>budget</i> plan for a ll? |
| | 1 10 | |

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Section L: RESIDENTIAL TRANSPORTATION

INTERVIEWER INSTRUCTIONS: YOUR HOUSEHOLD ALSO CONSUMES ENERGY DRIVING CARS, SUVS, TRUCKS, AND OTHER VEHICLES. I'D NOW LIKE TO ASK YOU A FEW QUESTIONS ABOUT VEHICLES THAT MAY BE USED BY YOU AND OTHER MEMBERS OF YOUR HOUSEHOLD.

| L-1 | VEHICLES Do you or any other members of your household own or have the regular use of a car, truck, SUV, van, or other type of vehicle? Do not include motorcycles or mopeds. | | | | |
|-------|--|--|--|--|--|
| | Yes | | | | |
| L-2 | NUMVEHICLES How many vehicles do you and members of your household have? | | | | |
| | Number of vehicles | | | | |
| Now I | would like to ask you a few questions about [If NUMVEHICLES=1: the vehicle; If NUMVEHICLES>1: each e.] | | | | |
| L-3a | [If NUMVEHICLES>0] VEHTYPE1 What kind of vehicle is [If NUMVEHICLE=1: it; If NUMVEHICLE>1: the most used vehicle]? | | | | |
| | Car 1 Truck 2 SUV 3 Van 4 Other (Specify) 5 | | | | |
| L-3b | [If NUMVEHICLES>0] VEHMAKE1 What make is [If NUMVEHICLE=1: it; If NUMVEHICLE>1: the most used vehicle]? | | | | |
| | Vehicle make | | | | |
| L-3c | [If NUMVEHICLES>0] VEHMOD1 What model is [If NUMVEHICLE=1: it; If NUMVEHICLE>1: the most used vehicle]? | | | | |
| | Vehicle model | | | | |
| L-3d | [If NUMVEHICLES>0] VEHAGE1 INTERVIEWER INSTRUCTIONS: SHOW CARD 1. Please look at Card 1. How old is If NUMVEHICLE=1: it; If NUMVEHICLE>1: the most used vehicle]? Your best estimate is fine. | | | | |
| | Less than 2 years old 01 2 to 4 years old 02 5 to 9 years old 03 10 to 14 years old 41 15 to 19 years old 42 20 years or older 05 As old as the home (if volunteered) 06 | | | | |
| L-3e | [If NUMVEHICLES>0] VEHMILES1 How many miles does the most used vehicle have on it? | | | | |
| | Vehicle miles | | | | |
| L-4a | [If NUMVEHICLES>1] VEHTYPE2 What kind of vehicle is the second most used vehicle? | | | | |

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| | Truck 2 SUV 3 |
|------|--|
| | Van |
| L-4b | [If NUMVEHICLES>1] VEHMAKE2 What is the make of the second most used vehicle? |
| | Vehicle make |
| L-4c | [If NUMVEHICLES>1] VEHMOD2 What is the model of the second most used vehicle? |
| | Vehicle model |
| L-4d | [If NUMVEHICLES>1] VEHAGE2 INTERVIEWER INSTRUCTIONS: SHOW CARD 1. Please look at Card 1. How old is the second most used vehicle? Your best estimate is fine. |
| | Less than 2 years old 01 2 to 4 years old 02 5 to 9 years old 03 10 to 14 years old 41 15 to 19 years old 42 20 years or older 05 As old as the home (if volunteered) 06 |
| L-4e | [If NUMVEHICLES>1] VEHMILES2 How many miles does the second most used vehicle have on it? Vehicle miles |
| L-5a | [If NUMVEHICLES>2] VEHTYPE3 What kind of vehicle is the third most used vehicle? |
| | Car 1 Truck 2 SUV 3 Van 4 Other (Specify) 5 |
| L-5b | [If NUMVEHICLES>2] VEHMAKE3 What is the make of the third most used vehicle? |
| | Vehicle make |
| L-5c | [If NUMVEHICLES>2] VEHMOD3 What is the model of the third most used vehicle? |
| | Vehicle model |
| L-5d | [If NUMVEHICLES>2] VEHAGE3 INTERVIEWER INSTRUCTIONS: SHOW CARD 1. Please look at Card 1. How old is the third most used vehicle? Your best estimate is fine. |
| | Less than 2 years old 01 2 to 4 years old 02 5 to 9 years old 03 10 to 14 years old 41 15 to 19 years old 42 20 years or older 05 As old as the home (if volunteered) 06 |
| L-5e | [If NUMVEHICLES>2] VEHMILES3 How many miles does the third most used vehicle have on it? |

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| | Vehicle miles |
|----------|--|
| 6 | IVCOMML INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THIS HOUSEHOLD'S VEHICLES THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS. |
| | |

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Section M: HOUSING UNIT MEASUREMENTS

INTERVIEWER INSTRUCTION: TAKE OUT THE YELLOW HOUSING UNIT NOTES/MEASUREMENTS BOOKLET FOR THIS HOUSING UNIT. CAPI WILL TELL YOU THE CASE ID NUMBER FOR THIS HOUSING UNIT TO ENSURE THAT YOU USE THE CORRECT BOOKLET.

| M-1 | SQFTEST To understand the usage of energy in your home/apartment, we need to know about its size and shape. Would you tell me how many square feet of living space you have in your home/apartment? Your best estimate will do. | | | | |
|-----|---|---|--|--|--|
| | | Estimated square footage | | | |
| | HOUS MARK | EVIEWER INSTRUCTION: IF APTFLOORS>3 OR STORIES=50 GO TO QUESTION M-3. THIS ING UNIT IS SOME TYPE OF UNUSUAL STRUCTURE. USE THE MEASUREMENT BOOKLET TO LAND, IF NECESSARY, SKETCH THE SHAPE OF EACH FLOOR AND MANUALLY RECORD ALL UREMENTS. | | | |
| M-2 | the ma | E1FLRA INTERVIEWER INSTRUCTION: SHOW CARD 40. Please look at Card 40. Thinking about in or first floor of your home, let's work together to find which of these shapes best describes the shape living space [If GARGLOC=2: including the garage] on the main or first floor? | | | |
| | | Square or Rectangle | | | |
| M-3 | [If STORIES=20, 31,40 or NAPTFLRS=2,3] SHAPE2FLR Is the <i>shape</i> of the second floor of this housing unit the same as the first floor? | | | | |
| | | Yes | | | |
| | M-3a | $[If SHAPE2FLR=1] \begin{tabular}{l} \hline SIZE2FLR \\ \hline Is the {\it size} \\ \hline of the second floor of this housing unit the same as the first floor? \\ \hline \end{tabular}$ | | | |
| | | Yes | | | |
| | M-3b | [If SHAPE2FLR=0 or SIZE2FLR=0] SHAPE2FLRA INTERVIEWER INSTRUCTION: SHOW CARD 40. Please look at Card 40. Thinking about the <i>second</i> floor of your home, which of the shapes best describes the shape of the living space on the second floor? | | | |
| | | Square or Rectangle1T-shaped (2 Squares or Rectangles)2L-shaped (2 Squares or Rectangles)3Some other shape4Not applicable9 | | | |
| M-4 | | DRIES=31,40 or NAPTFLRS=3] SHAPE3FLR Is the shape of the third floor of this housing unit the same second floor? | | | |
| | | Yes | | | |

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| | | floor? |
|-----|------|--|
| | | Yes |
| | M-4b | [If SHAPE3FLR=0 or SIZE3FLR=0] SHAPE3FLRA INTERVIEWER INSTRUCTION: SHOW CARD 40. Please look at Card 40. Thinking about the <i>third</i> floor of your home, which of these shapes best describes the shape of the living space on the third floor? |
| | | Square or Rectangle1T-shaped (2 Squares or Rectangles)2L-shaped (2 Squares or Rectangles)3Some other shape4Not applicable9 |
| M-5 | | FICFIN=1 and ATTICHEAT=1,2 and (TYPEHUQ=2,3 or ATTICUSE=1,2)] SHAPEATTIC Is the shape of ic of this housing unit the same as the floor under it? |
| | | Yes |
| | M-5a | [If SHAPEATTIC=1] SIZEATTIC Is the <i>size</i> of the attic of this housing unit the same as the floor under it? |
| | | Yes |
| | M-5b | [If SHAPEATTIC=0 or SIZEATTIC=0] SHAPEATTICA INTERVIEWER INSTRUCTION: SHOW CARD 40. Please look at Card 40. Thinking about the <i>attic</i> of your home, which of these shapes describes the shape of the living space in the attic? |
| | | INTERVIEWER INSTRUCTION: IF THIS IS AN APARTMENT IN A 2-4 UNIT BUILDING, REMIND THE RESPONDENT TO INCLUDE ONLY THE SHAPE THAT THEY HAVE EXCLUSIVE USE OF. |
| | | Square or Rectangle1T-shaped (2 Squares or Rectangles)2L-shaped (2 Squares or Rectangles)3Some other shape4Not applicable9 |
| M-6 | | PEHUQ=2, 3 or BASEUSE=1,2] SHAPEBASE Is the <i>shape</i> of the basement of this housing unit the same floor directly above it? |
| | | Yes |
| | M-6a | [If SHAPEBASE=1] SIZEBASE Is the <i>size</i> of the basement of this housing unit the same as the floor directly above it? |
| | | Yes |
| | M-6b | [If SHAPEBASE=0 or SIZEBASE=0] SHAPEBASEA INTERVIEWER INSTRUCTION: SHOW CARD 40. Please look at Card 40. Thinking about the <i>basement</i> of your home [If GARGLOC=1: <i>including the garage</i>), which of these shapes best describes the shape of the basement? |

M-4a [If SHAPE3FLR=1] SIZE3FLR Is the size of the third floor of this housing unit the same as the second

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INTERVIEWER INSTRUCTION: IF THIS IS AN APARTMENT IN A 2-4 UNIT BUILDING, REMIND

THE RESPONDENT TO INCLUDE ONLY THE SHAPE THAT THEY HAVE EXCLUSIVE USE OF.

| Square or Rectangle | 1 |
|------------------------------------|---|
| Γ-shaped (2 Squares or Rectangles) | 2 |
| L-shaped (2 Squares or Rectangles) | 3 |
| Some other shape | 4 |
| Not applicable | |

M-7 MEASURE To understand the usage of energy in your home/apartment, we need to know its exact size in square feet. [If SQFTEST>0: Even though you have given me your best estimate] With your permission, I would like to measure your home.

| Measurements follow | 1 |
|---------------------|---|
| Respondent refused | 7 |
| Other | 2 |

INTERVIEWER INSTRUCTIONS: IF THE RESPONDENT REFUSED TO LET YOU MEASURE THE HOUSING UNIT, THANK HIM/HER AND CONCLUDE THE INTERVIEW. IF NAPTFLRS>3 OR STORIES=50, THIS HOUSING UNIT IS SOME TYPE OF UNUSUAL STRUCTURE. USE THE MEASUREMENT BOOKLET TO MARK AND, IF NECESSARY, SKETCH THE SHAPE OF EACH FLOOR AND MANUALLY RECORD ALL MEASUREMENTS.

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Measurement Instructions

For all housing units: The main or first floor of this housing unit (if applicable, including the garage) is to be measured.

In the Measurements Booklet on page 7 for the Main/First Floor, check the box for:

(Shape of Floor)

If the floor is "Some Other Shape": Record all information for this floor inside the Measurements Booklet.

If SHAPE2FLR=0 or SIZE2FLR=0: This housing unit has a second floor that is to be measured.

In the Measurements Booklet, for the Second Floor, check the boxes for:

Measure

(Shape of Floor)

If the floor is Some Other Shape: Record all information for this floor inside the Measurements Booklet.

If SHAPE3FLR=0 or SIZE3FLR=0: This housing unit has a third floor that is to be measured.

In the Measurements Booklet on page 7, for the Third Floor, check the boxes for:

Measure

(Shape of Floor)

If the floor is Some Other Shape: Record all information for this floor inside the Measurements Booklet.

If SHAPEATTIC=0 or SHAPEATTIC=0: This housing unit has an attic that is to be measured.

In the Measurements Booklet on page 7, for the Attic, check the boxes for:

Measure

(Shape of Floor)

If the floor is Some Other Shape: Record all information for this floor inside the Measurements Booklet.

If SHAPEBASE=0 or SHAPEBASE=0: This basement of this housing unit (if applicable, including the garage) is to be measured.

In the Measurements Booklet on page 7, for the Basement, check the boxes for:

Measure

(Shape of Floor)

If the floor is Some Other Shape: Record all information for this floor inside the Measurements Booklet.

If NAPTFLRS>3 or STORIES=32: This housing unit has more than 3 floors (in addition to any attics or basements). You are to measure all the floors in this housing unit.

For the first four floors (and any attics or basements), use the available pages in the yellow Measurements Booklet to sketch the shape of the floor and to record your measurements.

For each additional floor, use a separate piece of paper to sketch the shape of the floor and to record your measurements. Securely attach these papers to the yellow Measurements Booklet

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| M-8a | [If SHAPE1FLRA=1] FLR1L1 FLR1W1 WIDTH OF THE FIRST/MAIN FLOOR ROUND THE LENGTH AND WIDTH TO | R. REC | ORD THE MEASUREMENTS IN | |
|--------|---|-----------------|--|---------------------------------------|
| | Enter the length here | | Enter the width here | |
| M-8b | [If SHAPE1FLRA=2,3] FLR1L1 FLR1W1 FIRST/MAIN FLOOR INTO TWO SQUAI WIDTH OF EACH ONE. RECORD THE NEAREST LENGTH AND WIDTH TO THE NEAREST | RES OR MEASU | RECTANGLES AND MEASURE TO REMENTS IN THE SPACES BELOW | HE LENGTH AND |
| | Enter the length of the first area here | | Enter the width of the first area here | |
| | Enter the length of the second area here | | Enter the width of the second area here | |
| M-8c | [If FLR1L1 or FLR1W1 or FLR1L2 or FLR WHERE THE FIRST/MAIN FLOOR MEA | | | RUCTION: RECORD |
| | Outside the unit | | 2 3 4 | |
| M-9a | [If (SHAPE2FLR=0 or SIZE2FLR=0) and SINSTRUCTION: MEASURE THE LENGT MEASUREMENTS IN THE SPACES BELWHOLE FOOT. | H AND | WIDTH OF THE SECOND FLOOR | . RECORD THE |
| | Enter the length here | . 🔲 | Enter the width here | |
| M-9b | [If (SHAPE2FLR=0 or SIZE2FLR=0) and SINTERVIEWER INSTRUCTION: DIVIDE AND MEASURE THE LENGTH AND WISPACES BELOW. ROUND THE LENGTH | THE S | ECOND FLOOR INTO TWO SQUAR FEACH ONE. RECORD THE MEAS | RES OR RECTANGLES SUREMENTS IN THE |
| | Enter the length of the first area here | | Enter the width of the first area here | |
| | Enter the length of the second area here | | Enter the width of the second area here | |
| M-9c | [If FLR2L1 or FLR2W1 or FLR2L2 or FLR WHERE THE SECOND FLOOR MEASUR | | | RUCTION: RECORD |
| | Outside the unit Inside the unit Other (Specify) Not measured Not applicable | | | |
| M-10a | [If (SHAPE3FLR=0 or SIZE3FLR=0) and SINSTRUCTION: MEASURE THE LENGT MEASUREMENTS IN THE SPACES BELL WHOLE FOOT. | H AND | WIDTH OF THE THIRD FLOOR. R | ECORD THE |
| RECS (| 1905-0092) | 32 | | eptember 2009 |

| | Enter the length here | Enter the width here | |
|-------|--|--|--------------|
| M-10b | [If (SHAPE3FLR=0 or SIZE3FLR=0) and SHAPE INTERVIEWER INSTRUCTION: DIVIDE THE AND MEASURE THE LENGTH AND WIDTH C SPACES BELOW. ROUND THE LENGTH AND | THIRD FLOOR INTO TWO SQUARES OR RE OF EACH ONE. RECORD THE MEASUREMEN | CTANGLES |
| | Enter the length of the first area here | Enter the width of the first area here | |
| | Enter the length of the second area here | Enter the width of the second area here | |
| M-10c | [If FLR3L1 or FLR3W1 or FLR3L2 or FLR3W2> WHERE THE THIRD FLOOR MEASUREMENT | | N: RECORD |
| | Outside the unit Inside the unit Other (Specify) Not measured Not applicable | 2 3 4 | |
| M-11a | [If (SHAPEATTIC=0 or SIZEATTIC=0) and SHAINSTRUCTION: MEASURE THE LENGTH ANIIN THE SPACES BELOW. ROUND THE LENGTH AND THE LENG | O WIDTH OF THE ATTIC. RECORD THE ME | ASUREMENTS |
| | Enter the length here | Enter the width here | |
| M-11b | [If (SHAPEATTIC=0 or SIZEATTIC=0) and SHAINTERVIEWER INSTRUCTION: DIVIDE THE AMEASURE THE LENGTH AND WIDTH OF EABELOW. ROUND THE LENGTH AND WIDTH | ATTIC INTO TWO SQUARES OR RECTANG CH ONE. RECORD THE MEASUREMENTS I | LES AND |
| | Enter the length of the first area here | Enter the width of the first area here | |
| | Enter the length of the second area here | Enter the width of the second area here | |
| M-11c | [If FLRAL1 or FLRAW1 or FLRAL2 or FLRAW2 WHERE THE ATTIC MEASUREMENTS WERE | | ΓΙΟΝ: RECORD |
| | Outside the unit Inside the unit Other (Specify Not measured Not applicable | 2)3 4 | |
| M-12a | [If (SHAPEBASE=0 or SIZEBASE=0) and SHAPINSTRUCTION: MEASURE THE LENGTH AND MEASUREMENTS IN THE SPACES BELOW. RWHOLE FOOT. | O WIDTH OF THE BASEMENT. RECORD TH | E |
| | Enter the length here | Enter the width here | |
| M-12b | [If (SHAPEBASE=0 or SIZEBASE=0) and SHAP INTERVIEWER INSTRUCTION: DIVIDE THE IMEASURE THE LENGTH AND WIDTH OF EABELOW. ROUND THE LENGTH AND WIDTH | BASEMENT INTO TWO SQUARES OR RECT CH ONE. RECORD THE MEASUREMENTS I | ANGLES AND |

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| | Enter the length of the first area here first area here |
|-------|--|
| | Enter the length of the second area here Enter the width of the second area here |
| M-12c | [If FLRBL1 or FLRBW1 or FLRBL2 or FLRBW2>0] MEASBASE INTERVIEWER INSTRUCTION: RECORD WHERE THE BASEMENT MEASUREMENTS WERE TAKEN. |
| | Outside the unit1 |
| | Inside the unit |
| | Other (Specify)3 |
| | Not measured4 |
| | Not applicable 9 |

INTERVIEWER INSTRUCTION: IF NAPTFLRS>3 or STORIES>40 THIS HOUSING UNIT HAS MORE THAN 3 FLOORS (IN ADDITION TO ANY ATTICS OR BASEMENTS). THERE IS NO MORE ROOM IN THE CAPI SYSTEM TO ENTER THE MEASUREMENTS FOR THESE OTHER FLOORS. BE SURE TO SECURELY ATTACH THE PAPERS THAT INCLUDE THE SKETCHES OF THE SHAPE AND THE MEASUREMENTS OF THESE ADDITIONAL FLOORS TO THE YELLOW MEASUREMENTS BOOKLET. THE DATA PROCESSING DEPARTMENT WILL ENTER THIS INFORMATION FOR YOU.

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Section N: SCANNING OF FUEL BILLS

- N-1a [If ELBILLTOSCAN=1 or NGBILLTOSCAN=1 or LPGBILLTOSCAN=1 or LPGBILLTOSCAN2=1 or FOBILLTOSCAN=1 or FOBILLTOSCAN2=1 or KEROBILLTOSCAN=1 or KEROBILLTOSCAN2=1] INTERVIEWER INSTRUCTION: BASED ON THE INFORMATION YOU ENTERED ABOUT FUEL BILLS, THE RESPONDENT HAS GIVEN YOU BILLS TO SCAN. NEXT, YOU ARE TO SAY GOOD-BYE THEN SCAN THE BILLS. That is the last question I have. Thank you for your time and cooperation. Before I leave I will want to take a moment to scan into my computer the fuel bills that you gave me earlier. Have a pleasant day/evening.
- N-1b [If ELBILLTOSCAN=0 and NGBILLTOSCAN=0 and LPGBILLTOSCAN=0 and LPGBILLTOSCAN2=0 and FOBILLTOSCAN=0 and FOBILLTOSCAN2=0 and KEROBILLTOSCAN=0 and KEROBILLTOSCAN2=0] INTERVIEWER INSTRUCTION: BASED ON THE INFORMATION YOU ENTERED ABOUT FUEL BILLS, THE RESPONDENT HAS NOT GIVEN YOU ANY BILLS TO SCAN. YOU ARE NOW TO CONCLUDE THE INTERVIEW. That is the last question I have. Thank you for your time and cooperation. Have a pleasant day/evening.

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U.S. DEPARTMENT OF ENERGY 2009 RESIDENTIAL ENERGY CONSUMPTION SURVEY

Authorization Form

| Sample ID# | |
|------------|--|
| | |

I hereby give permission to the electric, natural gas, fuel oil, and propane (bottled gas including LPG) company or companies that provide energy to me to provide information to the designated agent of the U.S. Department of Energy for confidential use in connection with their survey for the U.S. Department of Energy.

This authorization covers the following data for the period from October 1, 2008, through March 31, 2010:

- 1) the total amount of fuels used by my household
- 2) the total price charged for fuels used by my household

Companies are authorized to provide this information by monthly periods or by delivery date, whichever applies. An electronic copy of this authorization may be accepted with the same authority as the original.

| Signature (1): | Date: |
|----------------|-------|
| Printed Name: | |
| Signature (2): | Date: |
| Printed Name: | |

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U.S. Department of Energy **Energy Information Administration**

2009 Residential Energy Consumption Survey

Nationwide Survey on Household Energy Use

Rental Agents, Landlords, and Apartment Managers Questionnaire

INTRODUCTION TO INTERVIEW

| Hello, I am | from [CONTRACTOR]. | We are conducting a study for the United |
|---|--|--|
| States Department of Energy about en | | <u> </u> |
| about the energy use for their home. I household(s) for verification, as well | During this interview we will ask as a few questions about the enti- ipate in this important study of en | ER(S)] has/have provided some information a you questions about the energy use in their ire building. Although your participation is nergy usage. All of the responses you give purposes only. |
| comments you may have regarding the including suggestions for reducing this | is burden estimate or any other as s burden, should be sent to the En | * |

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```
[PRELOAD NUMBER OF UNITS]: RANUMUNIT
[PRELOAD UNIT NUMBER 1]: RAUNIT1
[PRELOAD UNIT NUMBER 2]: RAUNIT2
[PRELOAD UNIT NUMBER 3]: RAUNIT3
[PRELOAD UNIT NUMBER 4]: RAUNIT4
[PRELOAD UNIT NUMBER 5]: RAUNIT5
[PRELOAD UNIT NUMBER 6]: RAUNIT6
[PRELOAD THE ADDRESS OF THE BUILDING A]: RABUILDADDRESSA
[PRELOAD THE ADDRESS OF THE BUILDING B]: RABUILDADDRESSB
[PRELOAD THE ADDRESS OF THE BUILDING C]: RABUILDADDRESSC
[PRELOAD THE ADDRESS OF THE BUILDING D]: RABUILDADDRESSD
[PRELOAD THE ADDRESS OF THE BUILDING E]: RABUILDADDRESSE
[PRELOAD THE ADDRESS OF THE BUILDING F]: RABUILDADDRESSF
[PRELOAD UNITS IN BLDG A] (UNIT1-6): RABLDUNITA
[PRELOAD UNITS IN BLDG B] (UNIT1-6): RABLDUNITB
[PRELOAD UNITS IN BLDG C] (UNIT1-6): RABLDUNITC
[PRELOAD UNITS IN BLDG D] (UNIT1-6): RABLDUNITD
[PRELOAD UNITS IN BLDG E] (UNIT1-6): RABLDUNITE
[PRELOAD UNITS IN BLDG F] (UNIT1-6): RABLDUNITF
: Let's begin with some general questions about unit(s) ^RABLDUNITA and the building at
^RABUILDADDRESSA.
      INTERVIEWER: PRESS "ENTER" TO CONTINUE.
1) RANUMFLRSA
      How many floors, or stories, are in the building at ^ RABUILDADDRESSA? Do not include
      basements, parking levels, or attics.
          Answer must be in the range from 1 up to 999: _____
             SIGNAL [If RANUMFLRSA > 50] "I have recorded that this building has ^RANUMFLRSA
             floors, which is unusually large. Is this number correct?"
2) RANUMAPTSA
      How many separate housing units are in this building?
         Answer must be in the range from 1 up to 999:
             SIGNAL [If RANUMAPTSA > 300] "I have recorded that there are ^RANUMAPTSA units
            in this building. Is this number correct?"
             SIGNAL [IF RANUMAPTSA/RANUMFLRSA > 30] "I have recorded that there are
             ^RANUMFLRSA floors and ^RANUMAPTSA apartments in this building. That would
             mean that the average floor in this building has ^RANUMAPTSA/RANUMFLRSA
             apartments. Is this correct?"
3) RAYEARMADEA
      In what year was the building at ^RABUILDADDRESSA built?
          Answer must be in the range from 1850 up to 2010:
4) [If RAYEARMADEA = 2010] TERMINATEAA
      I have recorded that the building at ^RABUILDADDRESSA was built in 2010. Is this correct?
          1 Yes
          0 No
```

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[If TERMINATEAA = 1] TERMINATEBA

Since this building was not ready for occupancy from January 1, 2009 to December 31, 2009, unit(s) ^RABLDUNITA in this building is (are) not eligible for this survey.

5) [If RAYEARMADEA = DK or RF or TERMINATEAA = 0] RAYEARCATA

INTERVIEWER: USE SHOW CARD 1

Please give your best estimate. Was it...

01 Before 1940

02 1940-1949

03 1950-1959

04 1960-1969

05 1970-1979

06 1980-1984

07 1985-1989

08 1990-1994

09 1995-1999

10 2000-2005

11 2006

12 2007

13 2008

14 2009

6) [If RANUMAPTSA > 2] RACOMMONA

Do the common areas in this building contain any of the following types of area? Check all that apply.

- 1 Lobby/Reception Area [RALOBBYA]
- 2 Commercial space, including stores or restaurants [RACOMMERCIALA]
- 3 Apartment rental office or other large office space [RAOFFICEA]
- 4 Laundry room [RALAUNDRYA]
- 5 Gym/Swimming pool/Sauna areas [RAGYMA]
- 6 Conference rooms or party space [RACONFERENCEA]

7) [If RANUMAPTSA > 1] RABLDSQFTA

What is the total floorspace in the building at ^RABUILDADDRESSA? Your best estimate is fine.

Answer must be in the range from 1 up to 9,999,999:

SIGNAL [IF RABLDSQFTA < 1000] "I have recorded that this building is ^RABLDSQFTA square feet. This is quite a small building. Please confirm that you are including all of the floorspace in the building at ^RABUILDADDRESSA, not just unit(s) ^RABLDUNITA." SIGNAL [IF RABLDSQFTA > 50,000] "I have recorded that this building is ^RABLDSQFTA square feet. This is quite a large building. Please confirm if this is correct."

8) [If RABLDSQFTA = DK or RF] RABLDSQFTCATA

INTERVIEWER: USE SHOW CARD 2

Which of the following categories best describes the total floorspace in the building at ^RABUILDADDRESSA?

Is it...

1 Fewer than 5,000 square feet

2 5,000 to 10,000 square feet

3 10,000 to 25,000 square feet

4 25,000 to 50,000 square feet

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9) [If RABLDUNITB <> EMPTY] RANUMFLRSB

How many floors, or stories, are in the building at ^ RABUILDADDRESSB, in which unit? Do not include basements, parking levels, or attics.

Answer must be in the range from 1 up to 999:

SIGNAL [If RANUMFLRSB > 50] "I have recorded that this building has ^RANUMFLRSB floors, which is unusually large. Is this number correct?"

10) [If RABLDUNITB <> EMPTY] RANUMAPTSB

How many separate housing units are in this building?

Answer must be in the range from 1 up to 999:

SIGNAL [If RANUMAPTSB >300] "I have recorded that there are ^RANUMAPTSB units in this building. Is this number correct?"

SIGNAL [IF RANUMAPTSB/RANUMFLRSB > 30] "I have recorded that there are ^RANUMFLRSB floors and ^RANUMAPTSB apartments in this building. That would mean that the average floor in this building has ^RANUMAPTSB/RANUMFLRSB apartments. Is this correct?"

11) [If RABLDUNITB <> EMPTY] RAYEARMADEB

In what year was the building at ^RABUILDADDRESSB built?

Answer must be in the range from 1850 up to 2010:

12) [If RAYEARMADEB = 2010] TERMINATEAB

I have recorded that the building at ^RABUILDADDRESSB was built in 2010. Is this correct?

1 Yes

0 No

[If TERMINATEAB = 1] TERMINATEBB

Since this building was not ready for occupancy from January 1, 2009 to December 31, 2009, unit(s) ^RABLDUNITB in this building is (are) not eligible for this survey.

13) [If RAYEARMADEB = DK or RF or TERMINATEAB = 0] RAYEARCATB

INTERVIEWER: USE SHOW CARD 1

Please give your best estimate. Was it...

01 Before 1940

02 1940-1949

03 1950-1959

04 1960-1969

05 1970-1979

06 1980-1984

07 1985-1989

08 1990-1994

09 1995-1999

10 2000-2005

11 2006

12 2007

13 2008

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14) [If RANUMAPTSB > 2] RACOMMONB

Do the common areas in this building contain any of the following types of area? Check all that apply.

- 1 Lobby/Reception Area [RALOBBYB]
- 2 Commercial space, including stores or restaurants [RACOMMERCIALB]
- 3 Apartment rental office or other large office space [RAOFFICEB]
- 4 Laundry room [RALAUNDRYB]
- 5 Gym/Swimming pool/Sauna areas [RAGYMB]
- 6 Conference rooms or party space [RACONFERENCEB]

15) [If RANUMAPTSB > 1] RABLDSQFTB

What is the total floorspace in the building at ^RABUILDADDRESSB? Your best estimate is fine.

Answer must be in the range from 1 up to 9,999,999:

SIGNAL [IF RABLDSQFTB < 1000] "I have recorded that this building is ^RABLDSQFTB square feet. This is quite a small building. Please confirm that you are including all of the

floorspace in the building at ^RABUILDADDRESSB, not just units ^ RABLDUNITB." SIGNAL [IF RABLDSQFTB > 50,000] "I have recorded that this building is

^RABLDSQFTB square feet. This is quite a large building. Please confirm if this is correct."

16) [If RABLDSQFTB = DK or RF] RABLDSQFTCATB

INTERVIEWER: USE SHOW CARD 2

Which of the following categories best describes the total floorspace in the building at ^RABUILDADDRESSB?

Is it...

- 1 Fewer than 5,000 square feet
- 2 5,000 to 10,000 square feet
- 3 10,000 to 25,000 square feet
- 4 25,000 to 50,000 square feet
- 5 50,000 to 100,000 square feet
- 6 100,000 or more square feet

17) [If RABLDUNITC <> EMPTY] RANUMFLRSC

How many floors, or stories, are in the building at ^ RABUILDADDRESSC, in which unit? Do not include basements, parking levels, or attics.

Answer must be in the range from 1 up to 999:

SIGNAL [If RANUMFLRSC > 50] "I have recorded that this building has ^RANUMFLRSC floors, which is unusually large. Is this number correct?"

18) [If RABLDUNITC <> EMPTY] RANUMAPTSC

How many separate housing units are in this building?

Answer must be in the range from 1 up to 999:

SIGNAL [If RANUMAPTSC >300] "I have recorded that there are ^RANUMAPTSC units in this building. Is this number correct?"

SIGNAL [IF RANUMAPTSC/RANUMFLRSC > 30] "I have recorded that there are ^RANUMFLRSC floors and ^RANUMAPTSC apartments in this building. That would mean that the average floor in this building has ^RANUMAPTSC/RANUMFLRSC apartments. Is this correct?"

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19) [If RABLDUNITC <> EMPTY] RAYEARMADEC

In what year was the building at ^RABUILDADDRESSC built?

Answer must be in the range from 1850 up to 2010:

20) [If RAYEARMADEC = 2010] TERMINATEAC

I have recorded that the building at ^RABUILDADDRESSC was built in 2010. Is this correct?

1 Yes

0 No

[If TERMINATEAC = 1] TERMINATEBC

Since this building was not ready for occupancy from January 1, 2009 to December 31, 2009, unit(s) ^RABLDUNITC in this building is (are) not eligible for this survey.

21) [If RAYEARMADEC = DK or RF or TERMINATEAC = 0] RAYEARCATC

INTERVIEWER: USE SHOW CARD 1

Please give your best estimate. Was it...

01 Before 1940

02 1940-1949

03 1950-1959

04 1960-1969

05 1970-1979

06 1980-1984

07 1985-1989

08 1990-1994

09 1995-1999

10 2000-2005

11 2006 12 2007

13 2008

14 2009

22) [If RANUMAPTSC > 2] RACOMMONC

Do the common areas in this building contain any of the following types of area? Check all that apply.

- 1 Lobby/Reception Area [RALOBBYC]
- 2 Commercial space, including stores or restaurants [RACOMMERCIALC]
- 3 Apartment rental office or other large office space [RAOFFICEC]
- 4 Laundry room [RALAUNDRYC]
- 5 Gym/Swimming pool/Sauna areas [RAGYMC]
- 6 Conference rooms or party space [RACONFERENCEC]

23) [If RANUMAPTSC > 1] RABLDSQFTC

What is the total floorspace in the building at ^RABUILDADDRESSC? Your best estimate is fine. Answer must be in the range from 1 up to 9.999,999:

SIGNAL [IF RABLDSQFTC < 1000] "I have recorded that this building is ^RABLDSQFTC square feet. This is quite a small building. Please confirm that you are including all of the floorspace in the building at ^RABUILDADDRESSC, not just units ^RABLDUNITC." SIGNAL [IF RABLDSQFT3 > 50,000] "I have recorded that this building is

^RABLDSQFTC square feet. This is quite a large building. Please confirm if this is correct."

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24) [If RABLDSQFTC = DK or RF] RABLDSQFTCATC **INTERVIEWER: USE SHOW CARD 2** Which of the following categories best describes the total floorspace in the building at ^RABUILDADDRESSC? Is it... 1 Fewer than 5,000 square feet 2 5,000 to 10,000 square feet 3 10,000 to 25,000 square feet 4 25,000 to 50,000 square feet 5 50,000 to 100,000 square feet 6 100,000 or more square feet 25) [If RABLDUNITD <> EMPTY] RANUMFLRSD How many floors, or stories, are in the building at A RABUILDADDRESSD, in which unit? Do not include basements, parking levels, or attics. Answer must be in the range from 1 up to 999: SIGNAL [If RANUMFLRSD > 50] "I have recorded that this building has ^RANUMFLRSD floors, which is unusually large. Is this number correct?" 26) [If RABLDUNITD <> EMPTY] RANUMAPTSD How many separate housing units are in this building? Answer must be in the range from 1 up to 999: SIGNAL [If RANUMAPTSD > 300] "I have recorded that there are ^RANUMAPTSD units in this building. Is this number correct?" SIGNAL [IF RANUMAPTSD/RANUMFLRSD > 30] "I have recorded that there are ^RANUMFLRSD floors and ^RANUMAPTSD apartments in this building. That would mean that the average floor in this building has ^RANUMAPTSD/RANUMFLRSD apartments. Is this correct?" 27) [If RABLDUNITD <> EMPTY] RAYEARMADED In what year was the building at ^RABUILDADDRESSD built? Answer must be in the range from 1850 up to 2010: 28) [If RAYEARMADED = 2010] TERMINATEAD

I have recorded that the building at ^RABUILDADDRESSD was built in 2010. Is this correct?

1 Yes

0 No

[If TERMINATEAD = 1] TERMINATEBD

Since this building was not ready for occupancy from January 1, 2009 to December 31, 2009, unit(s) ^RABLDUNITD in this building is (are) not eligible for this survey.

29) [If RAYEARMADED = DK or RF or TERMINATEAD = 0] RAYEARCATD

INTERVIEWER: USE SHOW CARD 1

Please give your best estimate. Was it...

01 Before 1940

02 1940-1949

03 1950-1959

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30) [If RANUMAPTSD > 2] RACOMMOND

Do the common areas in this building contain any of the following types of area? Check all that apply.

- 1 Lobby/Reception Area [RALOBBYD]
- 2 Commercial space, including stores or restaurants [RACOMMERCIALD]
- 3 Apartment rental office or other large office space [RAOFFICED]
- 4 Laundry room [RALAUNDRYD]
- 5 Gym/Swimming pool/Sauna areas [RAGYMD]
- 6 Conference rooms or party space [RACONFERENCED]

31) [If RANUMAPTSD > 1] RABLDSQFTD

What is the total floorspace in the building at ^RABUILDADDRESSD? Your best estimate is fine. Answer must be in the range from 1 up to 9,999,999:

SIGNAL [IF RABLDSQFTD < 1000] "I have recorded that this building is ^RABLDSQFTD square feet. This is quite a small building. Please confirm that you are including all of the floorspace in the building at ^RABUILDADDRESSD, not just units ^RABLDUNITD." SIGNAL [IF RABLDSQFTD > 50,000] "I have recorded that this building is ^RABLDSQFTD square feet. This is quite a large building. Please confirm if this is correct."

32) [If RABLDSQFTD = DK or RF] RABLDSQFTCATD

INTERVIEWER: USE SHOW CARD 2

Which of the following categories best describes the total floorspace in the building at ^RABUILDADDRESSD?

Is it...

1 Fewer than 5,000 square feet

- 2 5,000 to 10,000 square feet
- 3 10,000 to 25,000 square feet
- 4 25,000 to 50,000 square feet
- 5 50,000 to 100,000 square feet
- 6 100,000 or more square feet

33) [If RABLDUNITE <> EMPTY] RANUMFLRSE

How many floors, or stories, are in the building at ^ RABUILDADDRESSE, in which unit? Do not include basements, parking levels, or attics.

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34) [If RABLDUNITE <> EMPTY] RANUMAPTSE

How many separate housing units are in this building?

Answer must be in the range from 1 up to 999:

SIGNAL [If RANUMAPTSE >300] "I have recorded that there are ^RANUMAPTSE units in this building. Is this number correct?"

SIGNAL [IF RANUMAPTSE/RANUMFLRSE > 30] "I have recorded that there are

^RANUMFLRSE floors and ^RANUMAPTSE apartments in this building. That would mean that the average floor in this building has RANUMAPTSE/RANUMFLRSE apartments. Is this correct?"

35) [If RABLDUNITE <> EMPTY] RAYEARMADEE

In what year was the building at ^RABUILDADDRESSE built?

Answer must be in the range from 1850 up to 2010:

36) [If RAYEARMADEE = 2010] TERMINATEAE

I have recorded that the building at ^RABUILDADDRESSE was built in 2010. Is this correct?

1 Yes

0 No

[If TERMINATEAE = 1] TERMINATEBE

Since this building was not ready for occupancy from January 1, 2009 to December 31, 2009, unit(s) ^RABLDUNITE in this building is (are) not eligible for this survey.

37) [If RAYEARMADEE = DK or RF or TERMINATEAE = 0] RAYEARCATE

INTERVIEWER: USE SHOW CARD 1

Please give your best estimate. Was it...

01 Before 1940

02 1940-1949

03 1950-1959

04 1960-1969

05 1970-1979

06 1980-1984

07 1985-1989 08 1990-1994

09 1995-1999

10 2000-2005

11 2006

12 2007

13 2008

14 2009

38) [If RANUMAPTSE > 2] RACOMMONE

Do the common areas in this building contain any of the following types of area? Check all that apply.

- 1 Lobby/Reception Area [RALOBBYE]
- 2 Commercial space, including stores or restaurants [RACOMMERCIALE]
- 3 Apartment rental office or other large office space [RAOFFICEE]
- 4 Laundry room [RALAUNDRYE]
- 5 Gym/Swimming pool/Sauna areas [RAGYME]
- 6 Conference rooms or party space [RACONFERENCEE]

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39) [If RANUMAPTSE > 1] RABLDSQFTE

What is the total floorspace in the building at ^RABUILDADDRESSE? Your best estimate is fine. Answer must be in the range from 1 up to 9.999.999:

SIGNAL [IF RABLDSQFTE < 1000] "I have recorded that this building is ^RABLDSQFTE square feet. This is quite a small building. Please confirm that you are including all of the floorspace in the building at ^RABUILDADDRESSE, not just units ^RABLDUNITE." SIGNAL [IF RABLDSQFTE > 50,000] "I have recorded that this building is ^RABLDSQFTE square feet. This is quite a large building. Please confirm if this is correct."

40) [If RABLDSQFTE = DK or RF] RABLDSQFTCATE

INTERVIEWER: USE SHOW CARD 2

Which of the following categories best describes the total floorspace in the building at ^RABUILDADDRESSE?

Is it...

- 1 Fewer than 5,000 square feet
- 2 5,000 to 10,000 square feet
- 3 10,000 to 25,000 square feet
- 4 25,000 to 50,000 square feet
- 5 50,000 to 100,000 square feet
- 6 100,000 or more square feet

41) [If RABLDUNITF <> EMPTY] RANUMFLRSF

How many floors, or stories, are in the building at ^ RABUILDADDRESSF, in which unit? Do not include basements, parking levels, or attics.

Answer must be in the range from 1 up to 999:

SIGNAL [If RANUMFLRS6 > 50] "I have recorded that this building has ^RANUMFLRSF floors, which is unusually large. Is this number correct?"

42) [If RABLDUNITF <> EMPTY] RANUMAPTSF

How many separate housing units are in this building?

Answer must be in the range from 1 up to 999:

SIGNAL [If RANUMAPTSF > 300] "I have recorded that there are ^RANUMAPTSF units

in this building. Is this number correct?"

SIGNAL [IF RANUMAPTSF/RANUMFLRSF > 30] "I have recorded that there are ^RANUMFLRSF floors and ^RANUMAPTSF apartments in this building. That would mean that the average floor in this building has RANUMAPTSF/RANUMFLRSF apartments. Is this correct?"

43) [If RABLDUNITF <> EMPTY] RAYEARMADEF

In what year was the building at ^RABUILDADDRESSF built?

Answer must be in the range from 1850 up to 2010:

44) [If RAYEARMADEF = 2010] TERMINATEAF

I have recorded that the building at ^RABUILDADDRESSF was built in 2010. Is this correct?

1 Yes

0 No

[If TERMINATEAF = 1] TERMINATEBF

Since this building was not ready for occupancy from January 1, 2009 to December 31, 2009, unit(s) ^RABLDUNITF in this building is (are) not eligible for this survey.

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45) [If RAYEARMADEF = DK or RF or TERMINATEAF = 0] RAYEARCATF

INTERVIEWER: USE SHOW CARD 1

Please give your best estimate. Was it...

- 01 Before 1940
- 02 1940-1949
- 03 1950-1959
- 04 1960-1969
- 05 1970-1979
- 06 1980-1984
- 07 1985-1989
- 08 1990-1994
- 09 1995-1999
- 10 2000-2005
- 11 2006
- 12 2007
- 13 2008
- 14 2009

46) [If RANUMAPTSF > 2] RACOMMONF

Do the common areas in this building contain any of the following types of area? Check all that apply.

- 1 Lobby/Reception Area [RALOBBYF]
- 2 Commercial space, including stores or restaurants [RACOMMERCIALF]
- 3 Apartment rental office or other large office space [RAOFFICEF]
- 4 Laundry room [RALAUNDRYF]
- 5 Gym/Swimming pool/Sauna areas [RAGYMF]
- 6 Conference rooms or party space [RACONFERENCEF]

47) [If RANUMAPTSF > 1] RABLDSQFTF

What is the total floorspace in the building at ^RABUILDADDRESSF? Your best estimate is fine. Answer must be in the range from 1 up to 9,999,999:

SIGNAL [IF RABLDSQFTF < 1000] "I have recorded that this building is ^RABLDSQFTF square feet. This is quite a small building. Please confirm that you are including all of the floorspace in the building at ^RABUILDADDRESSF, not just units ^RABLDUNITF." SIGNAL [IF RABLDSQFTF > 50,000] "I have recorded that this building is ^RABLDSQFTF square feet. This is quite a large building. Please confirm if this is correct."

48) [If RABLDSQFTF = DK or RF] RABLDSQFTCATF

INTERVIEWER: USE SHOW CARD 2

Which of the following categories best describes the total floorspace in the building at ^RABUILDADDRESSF?

Is it...

- 1 Fewer than 5,000 square feet
- 2 5,000 to 10,000 square feet
- 3 10,000 to 25,000 square feet
- 4 25.000 to 50.000 square feet
- 5 50,000 to 100,000 square feet
- 6 100,000 or more square feet

RANUMAPTSA , RAYEARMADE1 = RAYEARMADEA , RAYEARCAT1 = RAYEARCATA , RACOMMERCIAL1 = RACOMMERCIALA , RAOFFICE1 = RAOFFICEA , RALAUNDRY1 = RALAUNDRYA , RAGYM1 = RAGYMA , RACONFERENCE1 = RACONFERENCEA , RABLDSQFT1 = RABLDSQFTA , RABLDSQFTCAT1 = RABLDSQFTCATA

[Else] [If UNIT1 in RABLDUNITB] RANUMFLRS1 = RANUMFLRSB , RANUMAPTS1 = RANUMAPTSB , RAYEARMADE1 = RAYEARMADEB , RAYEARCAT1 = RAYEARCATB , RACOMMERCIAL1 = RACOMMERCIALB , RAOFFICE1 = RAOFFICEB , RALAUNDRY1 = RALAUNDRYB , RAGYM1 = RAGYMB , RACONFERENCE1 = RACONFERENCEB , RABLDSQFT1 = RABLDSQFTB , RABLDSQFTCAT1 = RABLDSQFTCATB

[Else] [If UNIT1 in RABLDUNITC] RANUMFLRS1 = RANUMFLRSC , RANUMAPTS1 = RANUMAPTSC

[If UNIT2-6 \Leftrightarrow EMPTY] Unit 2-6: See Unit 1 logic above

49) RASOFTEST1

What is the total floorspace in unit ^RAUNIT1? Your best estimate is fine.

Answer must be in the range from 1 up to 99,999:

SIGNAL [IF RASQFTEST1 <= 100] "I have recorded that unit ^RAUNIT1 is ^RASQFTEST1 square feet. This is quite a small home. Please confirm that you are including all living spaces within unit ^RAUNIT1."

SIGNAL [IF RASQFTEST1 > 5000] "I have recorded that unit ^RAUNIT1 is ^RASQFTEST1 square feet. This is quite a large home. Please confirm if this is correct." HARD SIGNAL [IF RASQFTEST1 = RABLDSQFT1] "I have recorded that unit

^RAUNIT1 is ^RASQFTEST1 square feet and that the building in which it is located is also ^RABLDSQFT1. This is impossible since this building has more than one unit. Please correct either the building or unit square footage."

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE BUILDING SQUARE FOOTAGE OR THE UNIT SQUARE FOOTAGE.

50) [If RASQFTEST1 = DK or RF] RASQFTCATEST1

INTERVIEWER: USE SHOW CARD 3

Which of the following categories best describes the total floorspace in unit ^RAUNIT1? Please consider only unit ^RAUNIT1. Is it...

1 Fewer than 600 square feet

2 600 to 999 square feet

3 1,000 to 1,599 square feet

4 1,600 to 1,999 square feet

5 2,000 to 2,399 square feet

6 2,400 to 2,999 square feet

7 3,000 or more square feet?

51) [If RAUNIT2 <> EMPTY] RASQFTEST2

What is the total floorspace in unit ^RAUNIT2? Your best estimate is fine.

Answer must be in the range from 1 up to 99,999:

SIGNAL [IF RASQFTEST2 <= 100] "I have recorded that unit ^RAUNIT2 is

^RASQFTEST2 square feet. This is quite a small home. Please confirm that you are including all living spaces within unit ^ RAUNIT2."

SIGNAL [IF RASQFTEST2 > 5000] "I have recorded that unit ^RAUNIT2 is

^RASQFTEST2 square feet. This is quite a large home. Please confirm if this is correct." HARD SIGNAL [IF RASQFTEST2 = RABLDSQFT2] "I have recorded that unit

^RAUNIT2 is ^RASQFTEST2 square feet and that the building in which it is located is also

^RABLDSOFT2. This is impossible since this building has more than one unit. Please

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correct either the building or unit square footage."

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE BUILDING SQUARE FOOTAGE OR THE UNIT SQUARE FOOTAGE.

52) [If RASQFTEST2 = DK or RF] RASQFTCATEST2

INTERVIEWER: USE SHOW CARD 3

Which of the following categories best describes the total floorspace in unit ^RAUNIT2? Please consider only unit ^RAUNIT2. Is it...

- 1 Fewer than 600 square feet
- 2 600 to 999 square feet
- 3 1,000 to 1,599 square feet
- 4 1,600 to 1,999 square feet
- 5 2,000 to 2,399 square feet
- 6 2,400 to 2,999 square feet
- 7 3,000 or more square feet?

53) [If RAUNIT3 <> EMPTY] RASQFTEST3

What is the total floorspace in unit ^RAUNIT3? Your best estimate is fine.

Answer must be in the range from 1 up to 99,999:

SIGNAL [IF RASQFTEST3 <= 100] "I have recorded that unit ^RAUNIT3 is

^RASQFTEST3 square feet. This is quite a small home. Please confirm that you are including all living spaces within unit ^ RAUNIT3."

SIGNAL [IF RASOFTEST3 > 5000] "I have recorded that unit ^RAUNIT3 is

^RASQFTEST3 square feet. This is quite a large home. Please confirm if this is correct." HARD SIGNAL [IF RASQFTEST3 = RABLDSQFT3] "I have recorded that unit

^RAUNIT3 is ^RASQFTEST3 square feet and that the building in which it is located is also

^RABLDSQFT3. This is impossible since this building has more than one unit. Please correct either the building or unit square footage."

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE BUILDING SQUARE FOOTAGE OR THE UNIT SQUARE FOOTAGE.

54) [If RASQFTEST3 = DK or RF] RASQFTCATEST3

INTERVIEWER: USE SHOW CARD 3

Which of the following categories best describes the total floorspace in unit ^RAUNIT3? Please consider only unit ^RAUNIT3. Is it...

- 1 Fewer than 600 square feet
- 2 600 to 999 square feet
- 3 1,000 to 1,599 square feet
- 4 1,600 to 1,999 square feet
- 5 2,000 to 2,399 square feet
- 6 2,400 to 2,999 square feet
- 7 3,000 or more square feet?

55) [If RAUNIT4 <> EMPTY] RASQFTEST4

What is the total floorspace in unit ^RAUNIT4? Your best estimate is fine.

Answer must be in the range from 1 up to 99,999:

SIGNAL [IF RASQFTEST4 <= 100] "I have recorded that unit ^RAUNIT4 is

^RASQFTEST4 square feet. This is quite a small home. Please confirm that you are including all living spaces within unit ^ RAUNIT4."

SIGNAL [IF RASQFTEST4 > 5000] "I have recorded that unit ^RAUNIT4 is

^RASQFTEST4 square feet. This is quite a large home. Please confirm if this is correct."

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HARD SIGNAL [IF RASQFTEST4 = RABLDSQFT4] "I have recorded that unit

^RAUNIT4 is ^RASQFTEST4 square feet and that the building in which it is located is also ^RABLDSQFT4. This is impossible since this building has more than one unit. Please correct either the building or unit square footage."

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE BUILDING SQUARE FOOTAGE OR THE UNIT SQUARE FOOTAGE.

56) [If RASQFTEST4 = DK or RF] RASQFTCATEST4

INTERVIEWER: USE SHOW CARD 3

Which of the following categories best describes the total floorspace in unit ^RAUNIT4? Please consider only unit ^RAUNIT4. Is it...

1 Fewer than 600 square feet

2 600 to 999 square feet

3 1,000 to 1,599 square feet

4 1,600 to 1,999 square feet

5 2,000 to 2,399 square feet

6 2,400 to 2,999 square feet

7 3,000 or more square feet?

57) [If RAUNIT5 <> EMPTY] RASQFTEST5

What is the total floorspace in unit ^RAUNIT5? Your best estimate is fine.

Answer must be in the range from 1 up to 99,999:

SIGNAL [IF RASOFTEST5 <= 100] "I have recorded that unit ^RAUNIT5 is

^RASQFTEST5 square feet. This is quite a small home. Please confirm that you are including all living spaces within unit ^ RAUNIT5."

SIGNAL [IF RASQFTEST5 > 5000] "I have recorded that unit ^RAUNIT5 is

^RASQFTEST5 square feet. This is quite a large home. Please confirm if this is correct." HARD SIGNAL [IF RASQFTEST5 = RABLDSQFT5] "I have recorded that unit

^RAUNIT5 is ^RASQFTEST5 square feet and that the building in which it is located is also ^RABLDSQFT5. This is impossible since this building has more than one unit. Please

correct either the building or unit square footage." INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE BUILDING SQUARE FOOTAGE OR THE UNIT SQUARE

58) [If RASQFTEST5 = DK or RF] RASQFTCATEST5

INTERVIEWER: USE SHOW CARD 3

Which of the following categories best describes the total floorspace in unit ^RAUNIT5? Please consider only unit ^RAUNIT5. Is it...

1 Fewer than 600 square feet

2 600 to 999 square feet

FOOTAGE.

3 1,000 to 1,599 square feet

4 1,600 to 1,999 square feet

5 2,000 to 2,399 square feet

6 2,400 to 2,999 square feet

7 3,000 or more square feet?

59) [If RAUNIT6 <> EMPTY] RASQFTEST6

What is the total floorspace in unit ^RAUNIT6? Your best estimate is fine.

Answer must be in the range from 1 up to 99,999:

SIGNAL [IF RASQFTEST6 <= 100] "I have recorded that unit ^RAUNIT6 is

^RASQFTEST6 square feet. This is quite a small home. Please confirm that you are including all living spaces within unit ^ RAUNIT6."

SIGNAL [IF RASQFTEST6 > 5000] "I have recorded that unit ^RAUNIT6 is

^RASQFTEST6 square feet. This is quite a large home. Please confirm if this is correct."
HARD SIGNAL [IF RASQFTEST6 = RABLDSQFT6] "I have recorded that unit

^RAUNIT6 is ^RASQFTEST6 square feet and that the building in which it is located is also ^RABLDSQFT6. This is impossible since this building has more than one unit. Please

ARABLDSQFT6. This is impossible since this building has more than one unit. Pleas correct either the building or unit square footage."

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE BUILDING SQUARE FOOTAGE OR THE UNIT SQUARE FOOTAGE.

60) [If RASQFTEST6 = DK or RF] RASQFTCATEST6

INTERVIEWER: USE SHOW CARD 3

Which of the following categories best describes the total floorspace in unit ^RAUNIT6? Please consider only unit ^RAUNIT6. Is it...

- 1 Fewer than 600 square feet
- 2 600 to 999 square feet
- 3 1,000 to 1,599 square feet
- 4 1,600 to 1,999 square feet
- 5 2,000 to 2,399 square feet
- 6 2,400 to 2,999 square feet
- 7 3,000 or more square feet?

RACOMMENT1

INTERVIEWER: RECORD ANY INFORMATION HERE ABOUT THE GENERAL CHARACTERISTICS OF THE UNIT OR BUILDING THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS. IF THERE ARE NONE, LEAVE BLANK. PRESS "ENTER" TO CONTINUE.

: Now, I have some questions about the heating, specifically in unit(s) ^RAUNIT1, (and) ^RAUNIT2, (and) ^RAUNIT3, (and) ^RAUNIT5, (and) ^RAUNIT6.

INTERVIEWER: PRESS "ENTER" TO CONTINUE.

61) RAFUELHEAT1

INTERVIEWER: USE SHOW CARD 4

During the 2009 heating season, what was the main fuel used for home space heating in unit ^RAUNIT1?

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 03 Fuel oil
- 04 Kerosene
- 07 Wood
- 08 Solar
- 09 District steam or hot water

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```
[If RAFUELHEAT1 = 00] RAFUELHEAT1 = -2

[If RAFUELHEAT1 ≠ -2] RAHEATHOME1 = 1, [Else] RAHEATHOME1 = 0
```

62) [If RAFUELHEAT1 = 21] RAFUELHEATSPEC1

What was this other fuel?

63) [If RAFUELHEAT1 \neq -2] RAEQUIPM1

INTERVIEWER: USE SHOW CARD 5

What was the main space heating equipment? Was it...

- 04 Heat pump
- 03 Central warm-air furnace with ducts to individual rooms other than a heat pump
- 02 Steam/Hot water system with radiators/convectors in each room or pipes in the floor or walls
- 05 Built-in electric units in each room installed in walls, ceiling, baseboard, or floor
- 06 Built-in floor/wall pipeless furnace
- 07 Built-in room heater burning gas, oil, or kerosene
- 08 Heating stove burning wood, coal, or coke
- 10 Portable electric heaters
- 11 Portable kerosene heaters
- 09 Fireplace
- 12 Cooking stove that is used to heat your home as well as to cook
- 21 Some other equipment

[If RAFUELHEAT1 = -2] RAEQUIPM1 = 9

64) [If RAEQUIPM1 = 21] RAEQUIPMSPEC1

What was this other equipment?

65) [If RAFUELHEAT1 ≠ -2 and (RAUNIT2 ◇ EMPTY, RAUNIT3 ◇ EMPTY, RAUNIT4 ◇ EMPTY, RAUNIT5 ◇ EMPTY, RAUNIT6 ◇ EMPTY)] RASAMEHEATA INTERVIEWER: USE SHOW CARD 5

Do units ^RAUNIT2, (and) ^RAUNIT3, (and) ^RAUNIT4, (and) ^RAUNIT5, (and) ^RAUNIT6 also use a(n) [If RAFUELHEAT1 \neq 21]^RAFUELHEAT1 [If RAFUELHEAT1 = 21]^RAFUELHEATSPEC1 [If RAEQUIPM1 \neq 21]^RAEQUIPM1 [If RAEQUIPM1 = 21]^RAEQUIPMSPEC1?

1 Yes

0 No

66) [If RAFUELHEAT1 = -2 and (RAUNIT2 <> EMPTY, RAUNIT3 <> EMPTY, RAUNIT4 <>

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EMPTY, RAUNIT5 ← EMPTY, RAUNIT6 ← EMPTY)] RASAMEHEATB INTERVIEWER: USE SHOW CARD 5

Are units ^RAUNIT2, (and) ^RAUNIT3, (and) ^RAUNIT4, (and) ^RAUNIT5, (and) ^RAUNIT6 heated?

1 Yes

0 No

[If RASAMEHEATA = 1 or RASAMEHEATB = 0] RAFUELHEAT2 = RAFUELHEAT1 ,
RAFUELHEATSPEC2 = RAFUELHEATSPEC1 , RAEQUIPM2 = RAEQUIPM1 , RAEQUIPMSPEC2 =
RAEQUIPMSPEC1 , [If UNIT3 <> EMPTY] RAFUELHEAT3 = RAFUELHEAT1 , RAFUELHEATSPEC3 =
RAFUELHEATSPEC1 , RAEQUIPM3 = RAEQUIPM1 , RAEQUIPMSPEC3 = RAEQUIPMSPEC1 , [If UNIT4
<> EMPTY] RAFUELHEAT4 = RAFUELHEAT1 , RAFUELHEATSPEC4 = RAFUELHEATSPEC1 ,
RAEQUIPM4 = RAEQUIPM1 , RAEQUIPMSPEC4 = RAEQUIPMSPEC1 , [If UNIT5 <> EMPTY]
RAFUELHEAT5 = RAFUELHEAT1 , RAFUELHEATSPEC5 = RAFUELHEATSPEC1 , RAEQUIPM5 =
RAEQUIPM1 , RAEQUIPMSPEC5 = RAEQUIPMSPEC1 , [If UNIT6 <> EMPTY] RAFUELHEAT6 =
RAFUELHEAT1 , RAFUELHEATSPEC6 = RAFUELHEATSPEC1 , RAEQUIPM6 = RAEQUIPM1 ,
RAEQUIPMSPEC6 = RAEQUIPMSPEC1

67) [If RAUNIT2 <> EMPTY and (RASAMEHEATA = 0 or RASAMEHEATB = 1)] RAFUELHEAT2

INTERVIEWER: USE SHOW CARD 4

During the 2009 heating season, what was the main fuel used for home space heating in unit $^{\land}RAUNIT2$?

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 03 Fuel oil
- 04 Kerosene
- 07 Wood
- 08 Solar
- 09 District steam or hot water
- 21 Some other fuel
- 00 No space heating fuel used

[If RAFUELHEAT2 = 00] RAFUELHEAT2 = -2 [If RAFUELHEAT2 ≠ -2] RAHEATHOME2 = 1, [Else] RAHEATHOME2 = 0

68) [If RAFUELHEAT2 = 21] RAFUELHEATSPEC2

What was this other fuel?

69) [If RAFUELHEAT2 ≠ -2] RAEQUIPM2

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INTERVIEWER: USE SHOW CARD 5

What was the main space heating equipment? Was it...

- 04 Heat pump
- 03 Central warm-air furnace with ducts to individual rooms other than a heat pump
- 02 Steam/Hot water system with radiators/convectors in each room or pipes in the floor or walls
- 05 Built-in electric units in each room installed in walls, ceiling, baseboard, or floor
- 06 Built-in floor/wall pipeless furnace
- 07 Built-in room heater burning gas, oil, or kerosene
- 08 Heating stove burning wood, coal, or coke
- 10 Portable electric heaters
- 11 Portable kerosene heaters
- 09 Fireplace
- 12 Cooking stove that is used to heat your home as well as to cook
- 21 Some other equipment

[If RAFUELHEAT2 = -2] RAEQUIPM2 = 9

70) [If RAEQUIPM2 = 21] RAEQUIPMSPEC2

What was this other equipment?

71) [If RAUNIT3 <> EMPTY and (RASAMEHEATA = 0 or RASAMEHEATB = 1)] RAFUELHEAT3

INTERVIEWER: USE SHOW CARD 4

During the 2009 heating season, what was the main fuel used for home space heating in unit ^RAUNIT3?

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 03 Fuel oil
- 04 Kerosene
- 07 Wood
- 08 Solar
- 09 District steam or hot water
- 21 Some other fuel
- 00 No space heating fuel used

[If RAFUELHEAT3 = 00] RAFUELHEAT3 = -2[If RAFUELHEAT3 \neq -2] RAHEATHOME3 = 1, [Else] RAHEATHOME3 = 0

72) [If RAFUELHEAT3 = 21] RAFUELHEATSPEC3

What was this other fuel?

73) [If RAFUELHEAT3 \neq -2] RAEQUIPM3

INTERVIEWER: USE SHOW CARD 5

What was the main space heating equipment? Was it...

04 Heat pump

03 Central warm-air furnace with ducts to individual rooms other than a heat pump

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- 02 Steam/Hot water system with radiators/convectors in each room or pipes in the floor or walls
- 05 Built-in electric units in each room installed in walls, ceiling, baseboard, or floor
- 06 Built-in floor/wall pipeless furnace
- 07 Built-in room heater burning gas, oil, or kerosene
- 08 Heating stove burning wood, coal, or coke
- 10 Portable electric heaters
- 11 Portable kerosene heaters
- 09 Fireplace
- 12 Cooking stove that is used to heat your home as well as to cook
- 21 Some other equipment

[If RAFUELHEAT3 = -2] RAEQUIPM3 = 9

74) [If RAEQUIPM3 = 21] RAEQUIPMSPEC3

What was this other equipment?

75) [If RAUNIT4 <> EMPTY and (RASAMEHEATA = 0 or RASAMEHEATB = 1)] RAFUELHEAT4

INTERVIEWER: USE SHOW CARD 4

During the 2009 heating season, what was the main fuel used for home space heating in unit ^RAUNIT4?

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 03 Fuel oil
- 04 Kerosene
- 07 Wood
- 08 Solar
- 09 District steam or hot water
- 21 Some other fuel
- 00 No space heating fuel used

```
[If RAFUELHEAT4 = 00] RAFUELHEAT4 = -2
[If RAFUELHEAT4 \neq -2] RAHEATHOME4 = 1, [Else] RAHEATHOME4 = 0
```

76) [If RAFUELHEAT4 = 21] RAFUELHEATSPEC4

What was this other fuel?

77) [If RAFUELHEAT4 ≠ -2] RAEQUIPM4

INTERVIEWER: USE SHOW CARD 5

What was the main space heating equipment? Was it...

- 04 Heat pump
- 03 Central warm-air furnace with ducts to individual rooms other than a heat pump
- 02 Steam/Hot water system with radiators/convectors in each room or pipes in the floor or walls
- 05 Built-in electric units in each room installed in walls, ceiling, baseboard, or floor

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- 06 Built-in floor/wall pipeless furnace
- 07 Built-in room heater burning gas, oil, or kerosene
- 08 Heating stove burning wood, coal, or coke
- 10 Portable electric heaters
- 11 Portable kerosene heaters
- 09 Fireplace
- 12 Cooking stove that is used to heat your home as well as to cook
- 21 Some other equipment

[If RAFUELHEAT4 = -2] RAEQUIPM4 = 9

78) [If RAEQUIPM4 = 21] RAEQUIPMSPEC4

What was this other equipment?

79) [If RAUNIT5 <> EMPTY and (RASAMEHEATA = 0 or RASAMEHEATB = 1)] RAFUELHEAT5

INTERVIEWER: USE SHOW CARD 4

During the 2009 heating season, what was the main fuel used for home space heating in unit ^RAUNIT5?

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 03 Fuel oil
- 04 Kerosene
- 07 Wood
- 08 Solar
- 09 District steam or hot water
- 21 Some other fuel
- 00 No space heating fuel used

[If RAFUELHEAT5 = 00] RAFUELHEAT5 = -2 [If RAFUELHEAT5 \neq -2] RAHEATHOME5 = 1, [Else] RAHEATHOME5 = 0

80) [If RAFUELHEAT5 = 21] RAFUELHEATSPEC5

What was this other fuel?

81) [If RAFUELHEAT5 \neq -2] RAEQUIPM5

INTERVIEWER: USE SHOW CARD 5

What was the main space heating equipment? Was it...

- 04 Heat pump
- 03 Central warm-air furnace with ducts to individual rooms other than a heat pump
- 02 Steam/Hot water system with radiators/convectors in each room or pipes in the floor or walls
- 05 Built-in electric units in each room installed in walls, ceiling, baseboard, or floor
- 06 Built-in floor/wall pipeless furnace

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- 07 Built-in room heater burning gas, oil, or kerosene
- 08 Heating stove burning wood, coal, or coke
- 10 Portable electric heaters
- 11 Portable kerosene heaters
- 09 Fireplace
- 12 Cooking stove that is used to heat your home as well as to cook
- 21 Some other equipment

[If RAFUELHEAT5 = -2] RAEQUIPM5 = 9

82) [If RAEQUIPM5 = 21] RAEQUIPMSPEC5

What was this other equipment?

83) [If RAUNIT6 <> EMPTY and (RASAMEHEATA = 0 or RASAMEHEATB = 1)] RAFUELHEAT6

INTERVIEWER: USE SHOW CARD 4

During the 2009 heating season, what was the main fuel used for home space heating in unit ^RAUNIT6?

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 03 Fuel oil
- 04 Kerosene
- 07 Wood
- 08 Solar
- 09 District steam or hot water
- 21 Some other fuel
- 00 No space heating fuel used

```
[If RAFUELHEAT6 = 00] RAFUELHEAT6 = -2
[If RAFUELHEAT6 \neq -2] RAHEATHOME6 = 1, [Else] RAHEATHOME6 = 0
```

84) [If RAFUELHEAT6 = 21] RAFUELHEATSPEC6

What was this other fuel?

85) [If RAFUELHEAT6 \neq -2] RAEQUIPM6

INTERVIEWER: USE SHOW CARD 5

What was the main space heating equipment? Was it...

- 04 Heat pump
- 03 Central warm-air furnace with ducts to individual rooms other than a heat pump
- 02 Steam/Hot water system with radiators/convectors in each room or pipes in the floor or walls
- 05 Built-in electric units in each room installed in walls, ceiling, baseboard, or floor
- 06 Built-in floor/wall pipeless furnace
- 07 Built-in room heater burning gas, oil, or kerosene
- 08 Heating stove burning wood, coal, or coke

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- 10 Portable electric heaters
- 11 Portable kerosene heaters
- 09 Fireplace
- 12 Cooking stove that is used to heat your home as well as to cook
- 21 Some other equipment

[If RAFUELHEAT6 = -2] RAEQUIPM6 = 9

86) [If RAEQUIPM6 = 21] RAEQUIPMSPEC6

What was this other equipment?

87) [If RAFUELHEAT1 \neq -2] RAEQUIPAGE1

INTERVIEWER: USE SHOW CARD 6

Approximately how old is the [If RAFUELHEAT1 \neq 21]^RAFUELHEAT1 [If RAFUELHEAT1 = 21]^RAFUELHEATSPEC1 [If RAEQUIPM1 \neq 21]^RAEQUIPM1 [If RAEQUIPM1 = 21]^RAEQUIPMSPEC1 used to heat ^RAUNIT1?

- 01 Less than 2 years old
- 02 2 to 4 years old
- 03 5 to 9 years old
- 41 10 to 14 years old
- 42 15 to 19 years old
- 05 20 years or older
- 06 As old as the home (IF VOLUNTEERED)

88) [If RAFUELHEAT1 ≠ -2 and (RAUNIT2 <> EMPTY, RAUNIT3 <> EMPTY, RAUNIT4 <> EMPTY, RAUNIT5 <> EMPTY, RAUNIT6 <> EMPTY)] RASAMEHAGEA INTERVIEWER: USE SHOW CARD 5

Are the heating equipments in units ^RAUNIT2, (and) ^RAUNIT3, (and) ^RAUNIT4, (and) ^RAUNIT5, (and) ^RAUNIT6 also ^ RAEQUIPAGE1?

1 Yes

0 No

[If RASAMEHAGEA = 1] RAEQUIPAGE2 = RAEQUIPAGE1, [If UNIT3 \Leftrightarrow EMPTY] RAEQUIPAGE3 = RAEQUIPAGE1, [If UNIT4 \Leftrightarrow EMPTY] RAEQUIPAGE4 = RAEQUIPAGE1, [If UNIT5 \Leftrightarrow EMPTY] RAEQUIPAGE5 = RAEQUIPAGE1, [If UNIT6 \Leftrightarrow EMPTY] RAEQUIPAGE6 = RAEQUIPAGE1

89) [If RASAMEHAGEA = 0] RAEQUIPAGE2

INTERVIEWER: USE SHOW CARD 6

Approximately how old is the [If RAFUELHEAT2 \neq 21]^RAFUELHEAT2 [If RAFUELHEAT2 = 21]^RAFUELHEATSPEC2 [If RAEQUIPM2 \neq 21]^RAEQUIPM2 [If RAEQUIPM2 = 21]^RAEQUIPMSPEC2 used to heat ^RAUNIT2?

- 01 Less than 2 years old
- 02 2 to 4 years old
- 03 5 to 9 years old
- 41 10 to 14 years old
- 42 15 to 19 years old

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05 20 years or older

06 As old as the home (IF VOLUNTEERED)

90) [If RASAMEHAGEA = 0 and RAUNIT3 <> EMPTY] RAEQUIPAGE3

INTERVIEWER: USE SHOW CARD 6

Approximately how old is the [If RAFUELHEAT3 \neq 21]^RAFUELHEAT3 [If RAFUELHEAT3 = 21]^RAFUELHEATSPEC3 [If RAEQUIPM3 \neq 21]^RAEQUIPM3 [If RAEQUIPM3 = 21]^RAEQUIPMSPEC3 used to heat ^RAUNIT3?

- 01 Less than 2 years old
- 02 2 to 4 years old
- 03 5 to 9 years old
- 41 10 to 14 years old
- 42 15 to 19 years old
- 05 20 years or older
- 06 As old as the home (IF VOLUNTEERED)

91) [If RASAMEHAGEA = 0 and RAUNIT4 <> EMPTY] RAEQUIPAGE4

INTERVIEWER: USE SHOW CARD 6

Approximately how old is the [If RAFUELHEAT4 \neq 21]^RAFUELHEAT4 [If RAFUELHEAT4 = 21]^RAFUELHEATSPEC4 [If RAEQUIPM4 \neq 21]^RAEQUIPM4 [If RAEQUIPM4 = 21]^RAEQUIPMSPEC4 used to heat ^RAUNIT4?

- 01 Less than 2 years old
- 02 2 to 4 years old
- 03 5 to 9 years old
- 41 10 to 14 years old
- 42 15 to 19 years old
- 05 20 years or older
- 06 As old as the home (IF VOLUNTEERED)

92) [If RASAMEHAGEA = 0 and RAUNIT5 <> EMPTY] RAEQUIPAGE5

INTERVIEWER: USE SHOW CARD 6

Approximately how old is the [If RAFUELHEAT5 \neq 21]^**RAFUELHEAT5** [If RAFUELHEAT5 = 21]^**RAFUELHEATSPEC5** [If RAEQUIPM5 \neq 21]^**RAEQUIPM5** [If RAEQUIPM5 = 21]^**RAEQUIPMSPEC5 used to heat** ^**RAUNIT5?**

- 01 Less than 2 years old
- 02 2 to 4 years old
- 03 5 to 9 years old
- 41 10 to 14 years old
- 42 15 to 19 years old
- 05 20 years or older
- 06 As old as the home (IF VOLUNTEERED)

93) [If RASAMEHAGEA = 0 and RAUNIT6 <> EMPTY] RAEQUIPAGE6

INTERVIEWER: USE SHOW CARD 6

Approximately how old is the [If RAFUELHEAT6 \neq 21]^RAFUELHEAT6 [If RAFUELHEAT6 = 21]^RAFUELHEATSPEC6 [If RAEQUIPM6 \neq 21]^RAEQUIPM6 [If RAEQUIPM6 = 21]^RAEQUIPMSPEC6 used to heat ^RAUNIT6?

- 01 Less than 2 years old
- 02 2 to 4 years old
- 03 5 to 9 years old
- 41 10 to 14 years old
- 42 15 to 19 years old

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```
05 20 years or older
06 As old as the home (IF VOLUNTEERED)
```

94) [If RAFUELHEAT1 \neq -2] RAHEATOTH1

Does the [If RAFUELHEAT1 \neq 21]^RAFUELHEAT1 [If RAFUELHEAT1 =

- 21] $^{\text{RAFUELHEATSPEC1}}$ [If RAEQUIPM1 \neq 21] $^{\text{RAEQUIPM1}}$ [If RAEQUIPM1 =
- 21]^RAEQUIPMSPEC1 used to heat ^RAUNIT1 also heat any other apartments, condos, households, businesses, or buildings?

1 Yes

0 No

95) [If RAFUELHEAT2 \neq -2] RAHEATOTH2

Does the [If RAFUELHEAT2 \neq 21]^RAFUELHEAT2 [If RAFUELHEAT2 =

- 21]^**RAFUELHEATSPEC2** [If RAEQUIPM2 ≠ 21]^**RAEQUIPM2** [If RAEQUIPM2 =
- 21]^RAEQUIPMSPEC2 used to heat ^RAUNIT2 also heat any other apartments, condos, households, businesses, or buildings?

1 Yes

0 No

96) [If RAFUELHEAT3 \neq -2] RAHEATOTH3

Does the [If RAFUELHEAT3 \neq 21]^RAFUELHEAT3 [If RAFUELHEAT3 =

- 21]^**RAFUELHEATSPEC3** [If RAEQUIPM3 ≠ 21]^**RAEQUIPM3** [If RAEQUIPM3 =
- 21]^RAEQUIPMSPEC3 used to heat ^RAUNIT3 also heat any other apartments, condos, households, businesses, or buildings?

1 Yes

0 No

97) [If RAFUELHEAT4 \neq -2] RAHEATOTH4

Does the [If RAFUELHEAT4 ≠ 21]^**RAFUELHEAT4** [If RAFUELHEAT4 =

- 21]^RAFUELHEATSPEC4 [If RAEQUIPM4 \neq 21]^RAEQUIPM4 [If RAEQUIPM4 =
- 21]^RAEQUIPMSPEC4 used to heat ^RAUNIT4 also heat any other apartments, condos, households, businesses, or buildings?

1 Yes

0 No

98) [If RAFUELHEAT5 \neq -2] RAHEATOTH5

Does the [If RAFUELHEAT5 \neq 21]^RAFUELHEAT5 [If RAFUELHEAT5 =

- 21]^RAFUELHEATSPEC5 [If RAEQUIPM5 ≠ 21]^RAEQUIPM5 [If RAEQUIPM5 =
- 21]^RAEQUIPMSPEC5 used to heat ^RAUNIT5 also heat any other apartments, condos, households, businesses, or buildings?

1 Yes

0 No

99) [If RAFUELHEAT6 \neq -2] RAHEATOTH6

Does the [If RAFUELHEAT6 \neq 21]^RAFUELHEAT6 [If RAFUELHEAT6 =

- 21]^RAFUELHEATSPEC6 [If RAEQUIPM5 \neq 21]^RAEQUIPM6 [If RAEQUIPM6 =
- 21]^RAEQUIPMSPEC6 used to heat ^RAUNIT6 also heat any other apartments, condos, households, businesses, or buildings?

1 Yes

0 No

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100) [If RAFUELHEAT1 ≠ -2 and RASOFTCATEST1 ≠ DK or RF] RAHSOFT1

Earlier, you told me that unit RAUNIT1 is [If RASQFTEST1 \neq DK or RF] RASQFTEST1 square feet [If RASQFTEST1 = DK or RF] RASQFTEST1 . Was all of this space heated in 2009?

1 Yes 0 No

[If RAHSQFT1 = 1 AND RASQFTEST1 ≠ DK or RF] RAHSQFT1 = RASQFTEST1

101) [If RAHSQFT1 = 0 and RASQFTEST1 \neq DK or RF] RAHTSQFT1

How many square feet in unit ^RAUNIT1 was actually heated?

Answer must be in the range from 1 up to 99,999:

HARD SIGNAL [IF RAHTSQFT1 > RASQFTEST1] "I have recorded that the heated square footage is ^RAHTSQFT1 but that the total square footage in the unit is only ^RASQFTEST1. Which answer do I need to revise, total square footage or heated square footage?"

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE TOTAL SQUARE FOOTAGE IN THE UNIT OR THE HEATED SQUARE FOOTAGE IN THE UNIT.

102) [If RAFUELHEAT2 ≠ -2 and RASQFTCATEST2 ≠ DK or RF] RAHSQFT2

Earlier, you told me that unit RAUNIT2 is [If RASQFTEST2 \neq DK or RF] RASQFTEST2 square feet [If RASQFTEST2 = DK or RF] RASQFTEST2 . Was all of this space heated in 2009?

1 Yes

0 No

[If RAHSQFT2 = 1 AND RASQFTEST2 \neq DK or RF] RAHSQFT2 = RASQFTEST2

103) [If RAHSQFT2 = 0 and RASQFTEST2 \neq DK or RF] RAHTSQFT2

How many square feet in unit ^RAUNIT2 was actually heated?

Answer must be in the range from 1 up to 99,999:

HARD SIGNAL [IF RAHTSQFT2 > RASQFTEST2] "I have recorded that the heated square footage is ^RAHTSQFT2 but that the total square footage in the unit is only ^RASQFTEST2. Which answer do I need to revise, total square footage or heated square footage?"

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE TOTAL SQUARE FOOTAGE IN THE UNIT OR THE HEATED SQUARE FOOTAGE IN THE UNIT.

104) [If RAFUELHEAT3 ≠ -2 and RASQFTCATEST3 ≠ DK or RF] RAHSQFT3

Earlier, you told me that unit RAUNIT3 is [If RASQFTEST3 \neq DK or RF] RASQFTEST3 square feet [If RASQFTEST3 = DK or RF] RASQFTEST3 . Was all of this space heated in 2009?

1 Yes

0 No

[If RAHSQFT3 = 1 AND RASQFTEST3 \neq DK or RF] RAHSQFT3 = RASQFTEST3

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105) [If RAHSQFT3 = 0 and RASQFTEST3 \neq DK or RF] RAHTSQFT3

How many square feet in unit ^RAUNIT3 was actually heated?

Answer must be in the range from 1 up to 99,999:

HARD SIGNAL [IF RAHTSQFT3 > RASQFTEST3] "I have recorded that the heated square footage is ^RAHTSQFT3 but that the total square footage in the unit is only ^RASOFTEST3. Which answer do I need to revise, total square footage or heated square footage?"

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE TOTAL SOUARE FOOTAGE IN THE UNIT OR THE HEATED SQUARE FOOTAGE IN THE UNIT.

106) [If RAFUELHEAT4 ≠ -2 and RASQFTCATEST4 ≠ DK or RF] RAHSQFT4

Earlier, you told me that unit RAUNIT4 is [If RASQFTEST4 \neq DK or RF] RASQFTEST4 square feet [If RASOFTEST4 = DK or RF]^RASOFTCATEST4. Was all of this space heated in 2009?

1 Yes

0 No

[If RAHSQFT4 = 1 AND RASQFTEST4 ≠ DK or RF] RAHSQFT4 = RASQFTEST4

107) [If RAHSQFT4 = 0 and RASQFTEST4 \neq DK or RF] RAHTSQFT4

How many square feet in unit ^RAUNIT4 was actually heated?

Answer must be in the range from 1 up to 99,999:

HARD SIGNAL [IF RAHTSOFT4 > RASOFTEST4] "I have recorded that the heated square footage is ^RAHTSQFT4 but that the total square footage in the unit is only ^RASOFTEST4. Which answer do I need to revise, total square footage or heated square footage?"

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE TOTAL SQUARE FOOTAGE IN THE UNIT OR THE HEATED SQUARE FOOTAGE IN THE UNIT.

108) [If RAFUELHEAT5 ≠ -2 and RASQFTCATEST5 ≠ DK or RF] RAHSQFT5

Earlier, you told me that unit $^{\text{RAUNIT5}}$ is [If RASQFTEST5 \neq DK or RF] $^{\text{RASQFTEST5}}$ square feet [If RASQFTEST5 = DK or RF]^RASQFTCATEST5. Was all of this space heated in 2009? 1 Yes

0 No

[If RAHSQFT5 = 1 AND RASQFTEST5 ≠ DK or RF] RAHSQFT5 = RASQFTEST5

109) [If RAHSQFT5 = 0 and RASQFTEST5 \neq DK or RF] RAHTSQFT5

How many square feet in unit ^RAUNIT5 was actually heated?

Answer must be in the range from 1 up to 99.999:

HARD SIGNAL [IF RAHTSQFT5 > RASQFTEST5] "I have recorded that the heated square footage is ^RAHTSQFT5 but that the total square footage in the unit is only ^RASQFTEST5. Which answer do I need to revise, total square footage or heated square footage?"

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE TOTAL SQUARE FOOTAGE IN THE UNIT OR THE HEATED

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SOUARE FOOTAGE IN THE UNIT.

110) [If RAFUELHEAT6 ≠ -2 and RASQFTCATEST6 ≠ DK or RF] RAHSQFT6

Earlier, you told me that unit RAUNIT6 is [If RASQFTEST6 \neq DK or RF] RASQFTEST6 square feet [If RASQFTEST6 = DK or RF] RASQFTCATEST6 . Was all of this space heated in 2009?

1 Yes

0 No

[If RAHSOFT6 = 1 AND RASOFTEST6 ≠ DK or RF] RAHSOFT6 = RASOFTEST6

111) [If RAHSQFT6 = 0 and RASQFTEST6 \neq DK or RF] RAHTSQFT6

How many square feet in unit ^RAUNIT6 was actually heated?

Answer must be in the range from 1 up to 99,999:

HARD SIGNAL [IF RAHTSQFT6 > RASQFTEST6] "I have recorded that the heated square footage is ^RAHTSQFT6 but that the total square footage in the unit is only ^RASQFTEST6. Which answer do I need to revise, total square footage or heated square footage?"

INTERVIEWER: PRESS OK AND USE THE BACK ARROWS TO GO BACK AND CORRECT EITHER THE TOTAL SQUARE FOOTAGE IN THE UNIT OR THE HEATED SQUARE FOOTAGE IN THE UNIT.

RACOMMENT2

INTERVIEWER: RECORD ANY INFORMATION HERE ABOUT THE HEATING SYSTEM IN THE UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS. IF THERE ARE NONE, LEAVE BLANK. PRESS "ENTER" TO CONTINUE.

: Next, I have some questions about how water is heated in unit [PRELOAD UNIT NUMBER]. INTERVIEWER: PRESS "ENTER" TO CONTINUE.

19) RAFUELH2O

INTERVIEWER: USE SHOW CARD 7

What is the main fuel used to heat water for washing and bathing in unit ^UNIT? Was it...

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 03 Fuel oil
- 04 Kerosene
- 07 Wood
- 08 Solar
- 21 Some other fuel
- 00 No water heating fuel used

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20) [If RAFUELH2O = 21] RAFUELH2OSPEC

What is this other fuel?

21) [If RAFUELH2O ≠ -2] RAWHEATAGE

INTERVIEWER: USE SHOW CARD 8

Approximately how old is the main water heater?

01 Less than 2 years old

02 2 to 4 years old

03 5 to 9 years old

41 10 to 14 years old

42 15 to 19 years old

05 20 years or older

06 As old as the home (IF VOLUNTEERED)

RACOMMENT3

INTERVIEWER: RECORD ANY INFORMATION HERE ABOUT THE WATER HEATING SYSTEM IN THE UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS. IF THERE ARE NONE, LEAVE BLANK. PRESS "ENTER" TO CONTINUE.

: Now, I have some questions about the cooling in unit [PRELOAD UNIT NUMBER].

INTERVIEWER: PRESS "ENTER" TO CONTINUE.

22) RAAIRCOND

In 2009, did unit ^UNIT use any air-conditioning?

1 Yes

0 No

23) RACOOLTYPE

INTERVIEWER: USE SHOW CARD 9

What type of air-conditioning equipment did unit ^UNIT use? Was it...

1 A central system,

2 Individual units in the windows or wall, or

3 Both central and individual units, or

24) [If RACOOLTYPE = 1 or 3] RAAGECENAC

INTERVIEWER: USE SHOW CARD 10

Approximately how old is the central air-conditioning equipment unit ^UNIT uses?

01 Less than 2 years old

02 2 to 4 years old

03 5 to 9 years old

41 10 to 14 years old

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```
42 15 to 19 years old
05 20 years or older
06 As old as the home (IF VOLUNTEERED)
```

25) [If RACOOLTYPE = 2 or 3] RAWWACAGE

INTERVIEWER: USE SHOW CARD 11

Approximately how old is the most-used window/wall unit?

```
01 Less than 2 years old
```

02 2 to 4 years old

03 5 to 9 years old

41 10 to 14 years old

42 15 to 19 years old

05 20 years or older

06 As old as the home (IF VOLUNTEERED)

26) [If RAAIRCOND ≠ 0] RAACOTHERS

Does this equipment also cool any other apartments, condos, households, businesses, or buildings besides unit $^{\wedge}$ UNIT?

1 Yes

0 No

RACOMMENT4

INTERVIEWER: RECORD ANY INFORMATION HERE ABOUT THE HEATING SYSTEM IN THE UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS. IF THERE ARE NONE, LEAVE BLANK. PRESS "ENTER" TO CONTINUE.

: Now, I have a few questions about the large appliances in unit [PRELOAD UNIT NUMBER]. Let's begin with some common kitchen appliances.

INTERVIEWER: PRESS "ENTER" TO CONTINUE.

27) RACOOKAPP

INTERVIEWER: USE SHOW CARD 12

What type of cooking appliance does unit ^UNIT have? Check all that apply.

- 1 A stove that has both burners and one or two ovens
- 2 A separate built-in range top or burners only
- 3 A separate built-in oven only

```
[If RACOOKAPP = 1] RASTOVEN = 1
[If RACOOKAPP = 2] RASTOVE = 1
[If RACOOKAPP = 3] RAOVEN = 1
```

28) [If RACOOKAPP = 1] RASTOVENFUEL

INTERVIEWER: USE SHOW CARD 13

What fuel does the stove use? Is it...

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- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 21 Some other fuel

29) [If RASTOVENFUEL = 21] RASTOVENFUELSPEC

What is this other fuel?

30) [If RACOOKAPP = 2] RASTOVEFUEL

INTERVIEWER: USE SHOW CARD 14

What fuel does the separate built-in range top or burners use? Is it...

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 21 Some other fuel

31) [If RASTOVEFUEL = 21] RASTOVEFUELSPEC

What is this other fuel?

32) [If RACOOKAPP = 3] RAOVENFUEL

INTERVIEWER: USE SHOW CARD 15

What fuel does the separate oven use? Is it...

- 05 Electricity
- 01 Natural gas from underground pipes
- 02 Propane (bottled gas)
- 21 Some other fuel

33) [If RAOVENFUEL = 21] RAOVENFUELSPEC

What is this other fuel?

[If RACOOKAPP = 1 or 1,2 or 1,2,3 THEN RAFUELFOOD = RASTOVENFUEL] Or [If RACOOKAPP = 2 THEN RAFUELFOOD = RASTOVEFUEL] Or [If RACOOKAPP = 3, or 2,3 THEN RAFUELFOOD = RAOVENFUEL]

34) RATYPERFR1

INTERVIEWER: USE SHOW CARD 16

Which of the pictures best describes unit ^UNIT's refrigerator? If unit ^UNIT has more than one refrigerator, please consider the main refrigerator. Was it a...

- 1 Full-size with one door,
- 2 Full-size with two doors side-by-side,
- 3 Full-size with one or two doors on the top and one door on the bottom,
- 4 Compact or micro-fridge, or
- 5 Some other kind

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35) RAAGERFRI1

INTERVIEWER: USE SHOW CARD 17

Approximately how old is the refrigerator? Your best estimate is fine.

- 01 Less than 2 years old
- 02 2 to 4 years old
- 03 5 to 9 years old
- 41 10 to 14 years old
- 42 15 to 19 years old
- 05 20 years or older
- 06 As old as the home (IF VOLUNTEERED)

36) RACWASHER

Is there a clothes washing machine in unit ^UNIT? Do not include community washers that are located in the basement or laundry rooms in an apartment building.

1 Yes

0 No

37) [If RACWASHER = 1] RADRYER

Is there a clothes dryer in unit ^UNIT? Do not include community dryers that are located in the basement or laundry rooms in an apartment building.

1 Yes

0 No

RACOMMENT5

INTERVIEWER: RECORD ANY INFORMATION HERE ABOUT THE LARGE APPLIANCES IN THE UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS. IF THERE ARE NONE, LEAVE BLANK. PRESS "ENTER" TO CONTINUE.

: We are now at the last section of our interview on unit [PRELOAD UNIT NUMBER] at [PRELOAD THE ADDRESS OF THE BUILDING]. I just have a few more questions left.

INTERVIEWER: PRESS "ENTER" TO CONTINUE.

38) [If RAFUELHEAT \neq -2] RAFUELHEATPAY

In 2009, was the ^RAFUELHEAT used for heating in unit ^UNIT paid for by the tenant, included in the rent or condominium fee, or paid some other way?

- 1 Tenant
- 2 Included in the rent
- 3 Some other way

39) [If RAFUELHEATPAY = 3] RAFUELHEATPAYSPEC

What was this other way?

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40) [If RAFUELH2O ≠ -2] RAFUELH2OPAY

In 2009, was the ^ RAFUELH2O used for water heating in unit ^UNIT paid for by the tenant, included in the rent or condominium fee, or paid some other way?

- 1 Tenant
- 2 Included in the rent
- 3 Some other way

41) [If RAFUELH2OPAY = 3] RAFUELH2OPAYSPEC

What was this other way?

42) [If RAAIRCOND ≠ 0] RACOOLTYPEPAY

In 2009, was the electricity used for air-conditioning in unit ^UNIT paid for by the tenant, included in the rent or condominium fee, or paid some other way?

- 1 Tenant
- 2 Included in the rent
- 3 Some other way

43) [If RACOOLTYPEPAY = 3] RACOOLTYPEPAYSPEC

What was this other way?

44) RAFUELFOODPAY

In 2009, was the ^RAFUELFOOD used for cooking in unit ^UNIT paid for by the tenant, included in the rent or condominium fee, or paid some other way?

- 1 Tenant
- 2 Included in the rent
- 3 Some other way

45) [If RAFUELFOOD = 3] RAFUELFOODPAYSPEC

What was this other way?

46) RALIGHTPAY

In 2009, was the electricity used for lighting in unit ^UNIT paid for by the tenant, included in the rent or condominium fee, or paid some other way?

- 1 Tenant
- 2 Included in the rent
- 3 Some other way

47) [If RALIGHTPAY = 3] RALIGHTPAYSPEC

What was this other way?

FUEL1: If RAFUELHEAT = 05 and RAFUELHEATPAY = 2 or If RAFUELH2O = 05 and RAFUELH2OPAY = 2 or

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If RACOOLTYPEPAY = 2 or If RAFUELFOOD = 05 and RAFUELFOODPAY = 2 or If RALIGHTPAY = 2 "Electricity"

FUEL2: If RAFUELHEAT = 01 and RAFUELHEATPAY = 2 or If RAFUELH2O = 01 and RAFUELH2OPAY = 2 or If RAFUELFOOD = 01 and RAFUELFOODPAY = 2 or "Natural gas"

FUEL3: If RAFUELHEAT = 02 and RAFUELHEATPAY = 2 or If RAFUELH2O = 02 and RAFUELH2OPAY = 2 or If RAFUELFOOD = 02 and RAFUELFOODPAY = 2 or "Propane"

FUEL4: If RAFUELHEAT = 03 and RAFUELHEATPAY = 2 or If RAFUELH2O = 03 and RAFUELH2OPAY = 2 or "Fuel oil"

[If FUEL1 = 1 or FUEL2 = 1 or FUEL3 = 1 or FUEL4 = 1]

: In this interview you have told me what types of energy unit ^UNIT used and who paid for it. In addition, we would like to find out, how much energy was used in the past year that was paid for by the landlord.

Getting that information directly from your energy suppliers would add to the data you've given me and improve our estimates of how much energy is being consumed in the U.S. I will now close out this portion of the interview and take down your 'FUEL1, 'FUEL2, 'FUEL3, 'FUEL4 supplier information.

Thank you very much for your time and cooperation.

INTERVIEWER: PRESS "ENTER" TO EXIT THE QUESTIONNAIRE. ENTER THE SUPPLIER INFORMATION ON THE FORMS AFTER CLOSING OUT THE INTERVIEW.

[If FUEL1 = 0, FUEL2 = 0, FUEL3 = 0, FUEL4 = 0]

That completes the interview on unit ^UNIT.

Thank you very much for your time and cooperation.

INTERVIEWER: PRESS "ENTER" TO EXIT THE QUESTIONNAIRE.

EXITBLAISE

INTERVIEWER: TO SUCCESSFULLY COMPLETE AND SAVE THIS INTERVIEW AND EXIT CAPI YOU MUST FIRST ENTER YOUR 6-DIGIT FIELD INTERVIEWER IDENTIFICATION NUMBER AND THEN PRESS THE "ENTER" KEY.

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Appendix C.3



2009 Residential Energy Consumption Survey

Sponsored by the Energy Information Administration U.S. Department of Energy Washington, DC 20585

Form EIA-457D (2009) - Household Propane (Bottled Gas or LPG) Usage Form OMB No. 1905-0092, Expiring Month DD, 20Y

Household Propane (Bottled Gas or LPG) Usage Form

| Se | er۱ | /ic | е | |
|----|-----|-----|----|---|
| A | dd | re | SS | : |

| STEP 1 | If the customer account number is not shown on the label, please enter it here. | | | | |
|--------|---|--|--|--|--|
| | Customer Account:///////// | | | | |
| STEP 2 | Now, please turn the page and answer the seven questions for the household identified | | | | |

Completed forms are due by MM-DD-YYYY. If you have any questions, please call (toll-free) 1-NNN-NNN-NNNN. Ask for the Supplier Survey Specialist.

This report is mandatory under Public Law 93-275, as amended. See the enclosed Answers to Frequently Asked Questions for more details concerning confidentiality and sanctions.

Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at (NNN) NNN-NNNN.

Title 18 U.S.C. 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.

Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this reporting burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to the Energy Information Administration, Statistics and Method Group, El-70, 1000 Independence Avenue, SW, Washington, DC 20585, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

Please provide information on all deliveries to this household from October 1, 2008, to March 31, 2010.

| Delivery Number | Enter the Delivery Date (Month/Day/Year) | To t Type P B | e type of he house e of Fuel = Propar = Butane = Other | hold Sold^a ne | Check the Unit of Measure for the Fuel Delivered to the Household ^b Pounds Cubic Meters Gallons Decitherms Cubic Feet Other and Enter the Quantity of Fuel Delivered | Enter the Price per Unit (U.S. \$0.00) | Enter the Total Dollar Amount (including taxes and other charges) for this Delivery ^c (US\$ 000.) |
|--------------------|---|-------------------------------|---|---------------------------------------|--|---|--|
| 1 | | Р | В | 0 | | | |
| 2 | | Р | В | 0 | | | |
| 3 | | Р | В | 0 | | | |
| 4 | | Р | В | 0 | | | |
| 5 | | Р | В | 0 | | | |
| 6 | | Р | В | 0 | | | |
| 7 | | Р | В | 0 | | | |
| 8 | | Р | В | 0 | | | |
| 9 | | Р | В | 0 | | | |
| 10 | | Р | В | 0 | | | |
| 11 | | Р | В | 0 | | | |
| 12 | | Р | В | 0 | | | |
| 13 | | Р | В | 0 | | | |
| 14 | | Р | В | 0 | | | |
| 15 | | Р | В | 0 | | | |
| 16 | | Р | В | 0 | | | |
| 17 | | Р | В | 0 | | | |
| 18 | | Р | В | 0 | | | |

a. **Propane** includes all products designated in American Society for Testing and Materials Specification D1835 and Gas Processors Association Specifications for commercial propane and HD-5 propane. **Butane** is designated in American Society for Testing and Materials Specification D1835 and Gas Processors Association Specifications for commercial butane. **Other** includes any liquefied petroleum gas (LPG) other than propane or butane. If the gas delivered is a mixture of propane and butane, circle "Other" and give the proportions of each in Question 2.

c. Include in the **Total Dollar Amount for this Billing Period** all state and local taxes, fuel adjustment charges and system charges (minimum bill or base charge). Exclude merchandise, repairs, and service charges. If the household is on the budget plan, do not provide the budgeted bill; instead, provide the dollar amount that is the cost of the actual consumption in the period.

| For Office Use | Only: | | | | | | | | | | | | |
|----------------|---------------|------------------------|--------------|--------------------|----------|-----|-------------------|------|--------------|-------|---------|----------|-------------|
| Fuel 9 | | nning Date 11-16 | E | Ending Da 17-22 | ate | | CR 23 | 24 | 25 | Reaso | n 27 | 28 | R/E 30 |
| 3 | | | | | | | | | | | | | |
| Units 37 | TPRs 38-39 | First Company 40-45 | Prs 46-47 | FT 48 | DC 49 | Sec | cond Com 50-55 | pany | Prs 56-57 | 1 - | T 58 | DC 59 | #S 71-72 |

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b. **Pound** is a unit of weight equal to 16 ounces (7,000 grains); **Gallon** is a unit of liquid measure equal to 4 quarts (231 cubic inches); **Cubic feet (cf)** is a unit of volume equal to 1 cubic foot at a pressure base of 14.73 pounds standard per square inch absolute and a temperature base of 60 degrees Fahrenheit; **Cubic meter** is a unit of measure which equals 35.314 cubic feet; **Decitherm** is a unit of heat equal to 10,000 BTUs; **Other** includes delivery of cylinders.

| If some other type of fuel was delivered to the household ("Other" was circled for type of fuel in Question 1), what fuel was sold? Write in the type of fuel on the lines below. If a mixture of fuels was sold, write in the types of fuels and the propor- | Is this household currently your customer? Yes → Go to Question 6. No |
|---|--|
| tion of each. | If no, what was the date when this household stopped being a custome of your company? Enter the date in the box below. If you don't know the date or the household was never a customer, check the appropriate answer below the box. |
| What is the capacity of this household's storage tank(s)? Enter the capacity for the two largest tanks (if there is more than one) in the boxes below. Under each box, check the appropriate measure of | / / Mth Day Year |
| capacity for each tank. If the capacity is not known, | ☐ Don't know the date |
| write "Not Known" in the box. | ☐ Household was never a customer |
| | What was the source of the information about deliveries to this household? Mark all sources of information that apply. |
| | ☐ From the company records |
| Tank #1 Tank #2 | An estimate made by a company representative |
| ☐ Gallons ☐ Gallons | ☐ Information secured from the customer |
| ☐ Pounds ☐ Pounds | |
| Other Other (Specify) | 7. Please provide the following information for the person who completed this form. Please print. |
| Vas this household your customer as of | Name: |
| January 1, 2009? | Company: |
| ☐ Yes → Go to Question 5. | Telephone: |
| | E-mail Address: |
| | Fax Number: |
| 4a. If no, what was the date this household became a customer of your company? Enter the date in the | Date: |
| box below. If you don't know the date or the household was never a customer, check the appropriate answer below the box. | USE THIS SPACE FOR ANY ADDITIONAL NOTES TO EXPLAIN YOUR ENTRIES ON THIS FORM |
| / / Mth Day Year | |
| Don't line out the dete | |
| Don't know the date | |
| ☐ Household was never a customer | |

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Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at (NNN) NNN-NNNN.

Form EIA-457D (2009) - Household Propane (Bottled Gas or LPG) Usage Form; OMB No. 1905-0092, Expiring Month DD. 20YY

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2009 Residential Energy Consumption Survey

Answers to Frequently Asked Questions About the Household Propane (LPG or Bottled Gas) Usage Form

What is the purpose of the Residential Energy Consumption Survey?

The Residential Energy Consumption Survey (RECS) collects data on energy consumption and expenditures in U.S. housing units. Over 15,000 statistically selected households across the U.S. have already provided information about their household, the physical characteristics of their housing unit, their energy-using equipment, and their energy suppliers. Now we are requesting the energy billing records for these households from each of their energy suppliers. After all this information has been collected, the information will be used to publish aggregate statistics on the consumption and expenditures of energy by U.S. households and used to help determine future U.S. energy needs.

What is the purpose of this form?

The purpose of this form is to obtain information on the total consumption of, and charges for, propane (also called LPG or bottled gas) for the *household* identified on the front of the enclosed data collection form.

How do I know this is a valid U.S. Government survey?

All U.S. Government surveys are required to be reviewed by the U.S. Office of Management and Budget (OMB). An OMB approved survey will have a valid OMB number and expiration date on the data collection form. You are not required to respond to this form unless it displays a currently valid OMB control number. You will find the OMB approval number and expiration date at the top left-hand corner of this form. In addition, if you wish to contact someone at the U.S. Department of Energy to verify that this is a valid survey, call Chip Berry at (202) 586-5543 or you can e-mail him at james.berry@eia.doe.gov.

What data are to be reported?

The total consumption to be reported is all the individual amounts delivered to the household during the period from October 1, 2008, to March 31, 2010. If the household has been a customer at the specified address for less than this period, just report the household's consumption at that address for whatever period you have data in your records. All dollar amounts should be reported in U.S. dollars and cents.

Who is conducting the survey?

The sponsor of this survey, the Energy Information Administration of the U.S. Department of Energy, has contracted with a Contractor to collect the information for the Residential Energy Consumption Survey. The Contractor is a well respected survey research firm. You will return your completed forms to the Contractor.

How long will it take to complete this form?

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time of reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Why must I fill out this form? Why is my response mandatory?

This report is required by law. The timely submission of Form EIA-457D by those required to report is manda-tory under Section 13(b) of the Federal Energy Administration Act of 1974 (FEAA) (Public Law 93-275), as amended. Failure to respond may result in a civil penalty of not more than \$2,750 per day for each violation, or a fine of not more than \$5,000 per day for each willful violation. The government may bring a civil action to prohibit reporting violations which may result in a temporary restraining order or a preliminary or permanent injunction without bond. In such civil action, the court may also issue mandatory injunctions commanding any person to comply with these RECS (1905-0092)

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reporting requirements.

How may I report these data? What format can I use?

Data may be submitted directly on the enclosed data collection form. Other formats, such as computer-generated listings, which provide *all* the information requested and are convenient for your company may also be used. If some other format is used, please clearly indicate where each piece of the requested information on this form is listed.

When is this form due?

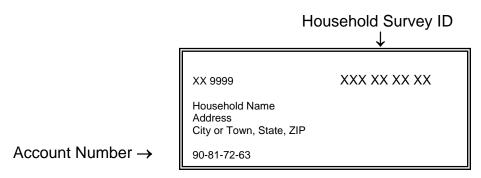
Unless otherwise specified, this data collection form is due by **MM-DD-YYYY.** You are encouraged to submit the completed form prior to the due date.

How are the data protected and kept confidential?

Any information collected that might permit the identification of respondents or their households will be kept confidential and used only for statistical purposes. Data that can be identified with individual respondents will not be disclosed or released by the Contractor to anyone for any other purpose, except as required by law. If you are concerned about individual account information, you may choose to mark out the account number or name on any computer-generated listing that you send us.

What is the Survey Identification Number (ID)?

The survey identification number (ID) for each household is in the upper right-hand corner of the household label on the front of each reporting form. Whenever available, the customer account number is printed beneath the household's address on the label. Please use the survey ID number for the household whenever it is necessary to communicate with the Contractor for clarification or additional information.



Where do I send the form?

Please use the enclosed self-addressed envelope to mail the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractors City, State, and ZIP Code

You may also FAX the completed form to the Contractor at: (NNN) NNN-NNNN.

What if I still have questions?

If you have any further questions concerning this form, please call (800) NNN-NNNN toll free. Ask for the RECS Supplier Survey Specialist. If you wish to contact someone at the U.S. Department of Energy, call Chip Berry at (202) 586-5543 or e-mail him at *james.berry* @eia.doe.gov.

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Appendix C.4



2009 Residential Energy Consumption Survey

Sponsored by the Energy Information Administration U.S. Department of Energy Washington, DC 20585

Form EIA-457F (2009) – Household Natural Gas Usage Form OMB No. 1905-0092, Expiring Month DD, 20YY

Household Natural Gas Usage Form

Service Address:

| STEP 1 | If the customer account number is not shown above, please enter it here. | | | | | | | | | | | | | | |
|--------|--|----------|-----|-------|------|--------|------|-------|--------|---------|--------|-----|-----|------|-----|
| | Customer Acc | ount: _ | _/_ | _// | / | , ' | // | /_ | _/_ | _// | /_ | _/_ | _/ | _/ | _/ |
| STEP 2 | Now, please turn identified above. | the page | and | provi | de t | he | requ | estec | l info | ormatio | on for | the | hou | ıseh | old |

Completed forms are due by MM-DD-YYYY. If you have any questions, please call (toll-free) 1-NNN-NNNN. Ask for the Supplier Survey Specialist.

This report is mandatory under Public Law 93-275, as amended. See the enclosed **Answers to Frequently Asked Questions** for more details concerning confidentiality and sanctions.

STEP 3

Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at NNN-NNN-NNNN

Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this reporting burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to the Energy Information Administration, Statistics and Method Group, EI-70, 1000 Independence Avenue, SW, Washington, DC 20585, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

Please provide information on natural gas sold and/or delivered to this housing unit from *October 1, 2008 to* March 31, 2010.

| Billing Period | Enter the Date Meter Was Read (Month/Day/Year) for each Billing Period | Circle the Letter that Indicates if the Natural Gas was Sold, Delivered, or Both S=Sold Only D=Delivered Only B=Both Sold and Delivered | | if the s Sold, Both Only and | Check the Units Used to Measure the Natural Gas and Enter the Quantity Used this Period Therms Cubic feet (CF) Hundreds of CF (CCF) Thousands of CF (MCF) Other (Specify) | tha Qua was A= E= | ele the Leat Indicated How the antity U Determ Actual Estimate: Read by Custom | tes e sed ined | Enter the Total Dollar Amount (including taxes and other charges) for this Billing Period ^a (US\$ 000.) |
|-------------------|---|--|---|------------------------------|---|-------------------------------|--|-------------------------|--|
| 1 | | S | D | В | | Α | Е | R | |
| 2 | | S | D | В | | Α | Е | R | |
| 3 | | S | D | В | | Α | Е | R | |
| 4 | | S | D | В | | Α | Е | R | |
| 5 | | S | D | В | | Α | Е | R | |
| 6 | | S | D | В | | Α | Е | R | |
| 7 | | S | D | В | | Α | Е | R | |
| 8 | | S | D | В | | Α | Е | R | |
| 9 | | S | D | В | | Α | Е | R | |
| 10 | | S | D | В | | Α | Е | R | |
| 11 | | S | D | В | | Α | Е | R | |
| 12 | | S | D | В | | Α | Е | R | |
| 13 | | S | D | В | | Α | Е | R | |
| 14 | | S | D | В | | Α | Е | R | |
| 15 | | S | D | В | | Α | Е | R | |
| 16 | | S | D | В | | Α | Е | R | |
| 17 | | S | D | В | | Α | Е | R | |
| 18 | | S | D | В | | Α | Е | R | |

a. Include in the **Total Dollar Amount for this Billing Period** all state and local taxes, fuel adjustment charges and system charges (minimum bill or base charge). Exclude merchandise, repairs, and service charges. If the household is on the budget plan, do not provide the budgeted bill; instead, provide the dollar amount that is the cost of the actual consumption in the period.

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| 9 | |
|---|--|
| _ | |
| | |

| 2.1 | Did this household participate in any demand response, demand side management, energy efficiency, or |
|-----|--|
| | conservation programs sponsored by your company in calendar year 2009? |

YES – Continue to Item 2.2 NO – Skip to Step 3 DON'T KNOW – Skip to Step 3

2.2 Please indicate below what Demand Response, Demand Side Management (DSM), energy efficiency, or conversation programs this household participated in during calendar year 2009.

| A. Home energy audit An examination of the home to determine ways in which energy could be saved. | YES NO DON'T KNOW |
|---|-------------------------|
| B. Rebates for Equipment or Appliances Utility sponsored incentives to reduce the cost of new heating equipment, cooling equipment, water heating tanks, refrigerators, and other appliances. | YES NO DON'T KNOW |
| C. Home Insulation and Weatherization Services Installation of energy efficient windows or doors, caulking, weatherstripping, or home insulation. | YES NO DON'T KNOW |

| 3. | Please provide the following information for the |
|----|--|
| J. | person who completed this form. Please print. |

| Name: | |
|-------------|--|
| | |
| | |
| | |
| Fax Number: | |
| Data: | |



Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at NNN-NNN-NNNN

For Office Use Only:

| F | uel 9 | Unit 10 | В | eginning Da 11-16 | te | Ending Da 17-22 | te | R 23 | Periods 30-31 | F/L 35 |
|---|----------|------------|---|----------------------|----|--------------------|----|---------|------------------|-----------|
| | 2 | | | | | | | | | |

2009 Answers to Frequently Asked Questions

About the Household Natural Gas Usage Form

What is the purpose of the Residential Energy Consumption Survey?

The Residential Energy Consumption Survey (RECS) collects data on energy consumption and expenditures in U.S. housing units. Over 15,000 statistically selected households across the U.S. have already provided information about their household, the physical characteristics of their housing unit, their energy-using equipment, and their energy suppliers. Now we are requesting the energy billing records for these households from each of their energy suppliers. After all this information has been collected, the information will be used to publish aggregate statistics on the consumption and expenditures of energy by U.S. households and used to help determine future U.S. energy needs.

What is the purpose of this form?

The purpose of this form is to obtain information on the total consumption of, and charges for, natural gas from underground pipes for the *household* identified on the front of the enclosed data collection form.

How do I know this is a valid U.S. Government survey?

All U.S. Government surveys are required to be reviewed by the U.S. Office of Management and Budget (OMB). An OMB approved survey will have a valid OMB number and expiration date on the data collection form. You are not required to respond to this form unless it displays a currently valid OMB control number. You will find the OMB approval number and expiration date at the top left-hand corner of this form. In addition, if you wish to contact someone at the U.S. Department of Energy to verify that this is a valid survey, call Chip Berry at (202) 586-5543 or you can e-mail him at james.berr@eia.doe.gov.

What data are to be reported?

The total consumption to be reported is all the individual amounts delivered to the household during the period from October 1, 2008, to March 31, 2010. If the household has been a customer at the specified address for less than this period, just report the household's consumption at that address for whatever period you have data in your records. All dollar amounts should be reported in U.S. dollars and cents.

Who is conducting the survey?

The sponsor of this survey, the Energy Information Administration of the U.S. Department of Energy, has contracted with a Contractor to collect the information for the Residential Energy Consumption Survey. The Contractor is a well respected survey research firm. You will return your completed forms to the Contractor.

How long will it take to complete this form?

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time of reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Why must I fill out this form? Why is my response mandatory?

This report is required by law. The timely submission of Form EIA-457F by those required to report is manda-tory under Section 13(b) of the Federal Energy Administration Act of 1974 (FEAA) (Public Law 93-275), as amended. Failure to respond may result in a civil penalty of not more than \$2,750 per day for each violation, or a fine of not

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more than \$5,000 per day for each willful violation. The government may bring a civil action to prohibit reporting violations which may result in a temporary restraining order or a preliminary or permanent injunction without bond. In such civil action, the court may also issue mandatory injunctions commanding any person to comply with these reporting requirements.

How may I report these data? What format can I use?

Data may be submitted directly on the enclosed data collection form. Other formats, such as computer-generated listings, which provide *all* the information requested and are convenient for your company may also be used. If some other format is used, please clearly indicate where each piece of the requested information on this form is listed.

When is this form due?

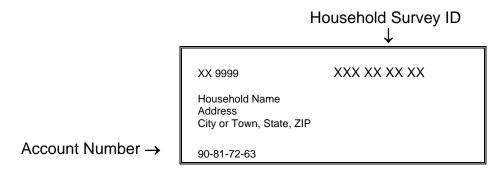
Unless otherwise specified, this data collection form is due by **MM-DD-YYYY.** You are encouraged to submit the completed form prior to the due date.

How are the data protected and kept confidential?

Any information collected that might permit the identification of respondents or their households will be kept confidential and used only for statistical purposes. Data that can be identified with individual respondents will not be disclosed or released by the Contractor to anyone for any other purpose, except as required by law. If you are concerned about individual account information, you may choose to mark out the account number or name on any computer-generated listing that you send us.

What is the Survey Identification Number (ID)?

The survey identification number (ID) for each household is above and to the right of the household information on each reporting form. Whenever available, the customer account number is printed beneath the household's address. Please use the survey ID number for the household whenever it is necessary to communicate with the Contractor for clarification or additional information.



Where do I send the form?

Please use the enclosed self-addressed envelope to mail the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

You may also FAX the completed form to the Contractor at: (NNN) NNN-NNNN.

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What if I still have questions?

If you have any further questions concerning this form, please call (800) NNN-NNNN toll free. Ask for the RECS Supplier Survey Specialist. If you wish to contact someone at the U.S. Department of Energy, call Chip Berry at (202) 586-5543 or e-mail him at *james.berry* @eia.doe.gov.

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Appendix C.5



2009 Residential Energy Consumption Survey

Sponsored by the Energy Information Administration U.S. Department of Energy Washington, DC 20585

Form EIA-457E (2009) – Household Electricity Usage Form OMB No. 1905-0092, Expiring Month DD, 20YY

identified above.

Household Electricity Usage Form

Service Address:

| STEP 1 | If the custome | er account num | ber is | s not s | hown | above, | plea | se ent | er it h | ere. | | | | |
|--------|----------------|----------------|--------|---------|--------|--------|------|--------|---------|------|-----|-----|------|-----|
| | Customer | Account: _ | _/_ | _//. | / | _//_ | _/_ | _// | /_ | _/_ | _/ | _/ | _/ | _/ |
| STEP 2 | Now, please | turn the page | and | provid | de the | reque | sted | inforn | nation | for | the | hou | ıseh | olo |

Completed forms are due by MM-DD-YYYY. If you have any questions, please call (toll-free) 1-NNN-NNNN. Ask for the Supplier Survey Specialist..

This report is mandatory under Public Law 93-275, as amended. See the enclosed **Answers to Frequently Asked Questions** for more details concerning confidentiality and sanctions.

STEP 3 Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at NNN-NNN-NNNN

"Title 18 U.S.C. 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction."

Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this reporting burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to the Energy Information Administration, Statistics and Method Group, EI-70, 1000 Independence Avenue, SW, Washington, DC 20585, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

| Billing Period | Enter the Date the Meter Was Read (Month/Day/Year) for each Billing Period | that In Electri Delive S=S D=E B=E | le the Let ndicates city was ered, or I Sold Only Delivered Both Sold Delivered | if the Sold, Both Only and | Enter the Number of Kilowatt Hours (kWh) Used this Period | th How was A=, E= R= | cle the Leat Indica the kWh Determ Actual Estimate Read by Custome | tes Used ined | Enter the Total Dollar Amount (including taxes and other charges) for this Billing Period (US\$ 000.) | | |
|-------------------|--|------------------------------------|--|----------------------------|--|--------------------------------------|--|---------------------|--|--|--|
| 1 | | S | D | В | | А | Е | R | | | |
| 2 | | S | D | В | | А | Е | R | | | |
| 3 | | S | D | В | | А | Е | R | | | |
| 4 | | S | D | В | | А | Е | R | | | |
| 5 | | S | D | В | | А | Е | R | | | |
| 6 | | S | D | В | | А | Е | R | | | |
| 7 | | S | D | В | | А | Е | R | | | |
| 8 | | S | D | В | | А | Е | R | | | |
| 9 | | S | D | В | | А | Е | R | | | |
| 10 | | S | D | В | | А | Е | R | | | |
| 11 | | S | D | В | | А | Е | R | | | |
| 12 | | S | D | В | | А | Е | R | | | |
| 13 | | S | D | В | | А | Е | R | | | |
| 14 | | S | D | В | | А | Е | R | | | |
| 15 | | S | D | В | | А | Е | R | | | |
| 16 | | S | D | В | | А | Е | R | | | |
| 17 | | S | D | В | | А | Е | R | | | |
| 18 | | S | D | В | | Α | Е | R | | | |

a. *Include* in the **Total Dollar Amount for this Billing Period** all state and local taxes, fuel adjustment charges and system charges (minimum bill or base charge). *Exclude* merchandise, repairs, and service charges. If the household is on the budget plan, do *not* provide the budgeted bill; instead, provide the dollar amount that is the cost of the actual consumption in the period.

| 2. | | |
|----|---|--|
| 2. | | |
| 4 | • | |
| | _ | |
| | | |

2.1 Did this household participate in any demand response, demand side management, energy efficiency, or conservation programs sponsored by your company in calendar year 2009?

YES – Continue to Item 2.2 NO – Skip to Step 3 DON'T KNOW – Skip to Step 3

2.2 Please indicate below what Demand Response, Demand Side Management (DSM), energy efficiency, or conversation programs this household participated in during calendar year 2009.

| D. Home energy audit An examination of the home to determine ways in which energy could be saved. | YES NO DON'T KNOW |
|---|-------------------------|
| E. Rebates for Equipment or Appliances Utility sponsored incentives to reduce the cost of new heating equipment, cooling equipment, water heating tanks, refrigerators, and other appliances. | YES NO DON'T KNOW |
| F. Home Insulation and Weatherization Services Installation of energy efficient windows or doors, caulking, weatherstripping, or home insulation. | YES NO DON'T KNOW |

| 3. | Please provide the following information for the |
|------------|--|
| J . | person who completed this form. Please print. |

| Name: | |
|-------------------|--|
| Company: | |
| Telephone: | |
| E-mail Address: _ | |
| Fax Number: | |
| Data: | |



Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at NNN-NNN-NNNN

For Office Use Only:

| | , | | | | | | | | | |
|-----------|------------|---|----------------------|----|--------------------|----|---------|------------------|-----------|--|
| Fuel 9 | Unit 10 | В | eginning Da 11-16 | te | Ending Da 17-22 | te | R 23 | Periods 30-31 | F/L 32 | |
| 1 | | | | | | | | | | |

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2009 Residential Energy Consumption Survey

Answers to Frequently Asked Questions About the Household Electricity Usage Form

What is the purpose of the Residential Energy Consumption Survey?

The Residential Energy Consumption Survey (RECS) collects data on energy consumption and expenditures in U.S. housing units. Over 15,000 statistically selected households across the U.S. have already provided information about their household, the physical characteristics of their housing unit, their energy-using equipment, and their energy suppliers. Now we are requesting the energy billing records for these households from each of their energy suppliers. After all this information has been collected, the information will be used to publish aggregate statistics on the consumption and expenditures of energy by U.S. households and used to help determine future U.S. energy needs.

What is the purpose of this form?

The purpose of this form is to obtain information on the total consumption of, and charges for, electricity for the *household* identified on the front of the enclosed data collection form.

How do I know this is a valid U.S. Government survey?

All U.S. Government surveys are required to be reviewed by the U.S. Office of Management and Budget (OMB). An OMB approved survey will have a valid OMB number and expiration date on the data collection form. You are not required to respond to this form unless it displays a currently valid OMB control number. You will find the OMB approval number and expiration date at the top left-hand corner of this form. In addition, if you wish to contact someone at the U.S. Department of Energy to verify that this is a valid survey, call Chip Berry at (202) 586-5543 or you can e-mail him at james.berry@eia.doe.gov.

What data are to be reported?

The total consumption to be reported is all the individual amounts delivered to the household during the period from October 1, 2008, to March 31, 2010. If the household has been a customer at the specified address for less than this period, just report the household's consumption at that address for whatever period you have data in your records. All dollar amounts should be reported in U.S. dollars and cents.

Who is conducting the Survey?

The sponsor of this survey, the Energy Information Administration of the U.S. Department of Energy, has contracted with a Contractor to collect the information for the Residential Energy Consumption Survey. The Contractor is a well respected survey research firm. You will return your completed forms to the Contractor.

How long will it take to complete this form?

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time of reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Why must I fill out this form? Why is my response mandatory?

This report is required by law. The timely submission of Form EIA-457E by those required to report is manda-tory

under Section 13(b) of the Federal Energy Administration Act of 1974 (FEAA) (Public Law 93-275), as amended. Failure to respond may result in a civil penalty of not more than \$2,750 per day for each violation, or a fine of not more than \$5,000 per day for each willful violation. The government may bring a civil action to prohibit reporting violations which may result in a temporary restraining order or a preliminary or permanent injunction without bond. In such civil action, the court may also issue mandatory injunctions commanding any person to comply with these reporting requirements.

How may I report these data? What format can I use?

Data may be submitted directly on the enclosed data collection form. Other formats, such as computer-generated listings, which provide *all* the information requested and are convenient for your company may also be used. If some other format is used, please clearly indicate where each piece of the requested information on this form is listed.

When is this form due?

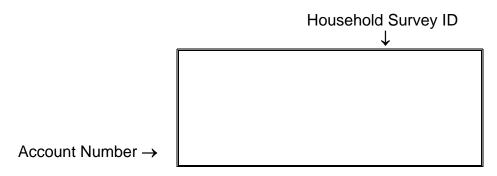
Unless otherwise specified, this data collection form is due by **MM-DD-YYYY.** You are encouraged to submit the completed form prior to the due date.

How are the data protected and kept confidential?

Any information collected that might permit the identification of respondents or their households will be kept confidential and used only for statistical purposes. Data that can be identified with individual respondents will not be disclosed or released by The Contractor to anyone for any other purpose, except as required by law. If you are concerned about individual account information, you may choose to mark out the account number or name on any computer-generated listing that you send us.

What is the Survey Identification Number (ID)?

The survey identification number (ID) for each household is above and to the right of the household information on each reporting form. Whenever available, the customer account number is printed beneath the household's address. Please use the survey ID number for the household whenever it is necessary to communicate with The Contractor for clarification or additional information.



Where do I send the form?

Please use the enclosed self-addressed envelope to mail the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

You may also FAX the completed form to the Contractor at: (NNN) NNN-NNNN.

What if I still have questions?

If you have any further questions concerning this form, please call (800) NNN-NNNN toll free. Ask for the RECS Supplier Survey Specialist. If you wish to contact someone at the U.S. Department of Energy, call Chip Berry at (202) 586-5543 or e-mail him at *james.berry* @eia.doe.gov.

Appendix C.6



2009 Residential Energy Consumption Survey

Sponsored by the Energy Information Administration U.S. Department of Energy Washington, DC 20585

Form EIA-457G (2009) – Household Fuel Oil or Kerosene Usage Form OMB No. 1905-0092, Expiring Month DD. 20YY

Household Fuel Oil or Kerosene Usage Form

| Service | |
|---------|--|
| Address | |

| STEP 1 | If the customer account number is not shown on the label, please enter it here. |
|--------|---|
| | Customer Account://////// |
| STEP 2 | Now, please turn the page and answer the seven questions for the household identified |

Completed forms are due by MM-DD-YYYY. If you have any questions, please call (toll-free) 1-NNN-NNNN. Ask for the Supplier Survey Specialist.

This report is mandatory under Public Law 93-275, as amended. See the enclosed **Answers to Frequently Asked Questions** for more details concerning confidentiality and sanctions.

STEP 3

Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at NNN-NNN-NNNN.

"Title 18 U.S.C. 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction."

Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this reporting burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to the Energy Information Administration, Statistics and Method Group, EI-70, 1000 Independence Avenue, SW, Washington, DC 20585, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

Please provide information on all deliveries to this household from October 1, 2008 to March 31, 2010.

| Delivery Number | Enter the Delivery Date (Month/Day/Year) | ٦ | le the typ to the ho Type of I 1 = Fuel 2 = Fuel K = Kero O = Oth | ousehold Fuel Solo Oil #1 Oil #2 Osene | | Enter the Number of Gallons of Fuel Delivered to the Household (Gallons) | Enter the Price per Gallon (U.S. \$0.00) | Enter the Total Dollar Amount (including taxes and other charges) for this Delivery (US\$ 000.) |
|--------------------|---|---|--|--|---|--|---|---|
| 1 | | 1 | 2 | K | 0 | | | |
| 2 | | 1 | 2 | К | 0 | | | |
| 3 | | 1 | 2 | K | 0 | | | |
| 4 | | 1 | 2 | K | 0 | | | |
| 5 | | 1 | 2 | K | 0 | | | |
| 6 | | 1 | 2 | K | 0 | | | |
| 7 | | 1 | 2 | K | 0 | | | |
| 8 | | 1 | 2 | K | 0 | | | |
| 9 | | 1 | 2 | K | 0 | | | |
| 10 | | 1 | 2 | K | 0 | | | |
| 11 | | 1 | 2 | K | 0 | | | |
| 12 | | 1 | 2 | K | 0 | | | |
| 13 | | 1 | 2 | K | 0 | | | |
| 14 | | 1 | 2 | K | 0 | | | |
| 15 | | 1 | 2 | K | 0 | | | |
| 16 | | 1 | 2 | K | 0 | | | |
| 17 | | 1 | 2 | K | 0 | | | |
| 18 | | 1 | 2 | K | 0 | | | |

a. Fuel oil #1 is a light distillate fuel oil intended for use in vaporizing pot-type burners. Fuel oil #2 is a distillate fuel oil for use in atomizing type burners for domestic heating burner units. Kerosene includes No. 1-K and No. 2-K, and all grades of kerosene called range or stove oil. Other includes any oil other than fuel oil #1, fuel oil #2, or kerosene. If the oil delivered is a mixture, circle "Other" and give the types of oil and proportions of each in Question 2.

For Office Use Only:

| FOR OTTICE USE ONLY: | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|----------|----------|----------|--|-------------|----------------------|----------------------|-----------------|--|----------|----------|-----|-------------------|--------------|--------------|----------|-----------|----------|-------------|--|
| Fuel Beginning Date 9 11-16 | | | | | | Ending Date 17-22 | | | | | CR 23 | 24 | | Reasor 26 | า 27 | 28 | R/E 30 | | | |
| | 4 | | | | | | | | | | | | | | | | | | | |
| PP 35 | DT 36 | L1 37 | L2 38 | | PRs)-41 | Fi | irst Compar 42-47 | ny Prs 48-49 | | FT 50 | DC 51 | Sec | ond Comp 52-57 | any | Prs 58-59 | FT 60 | - | DC 61 | #S 72-73 | |
| | | | | | | | | | | | | | | | | | | | | |

b. Include in the **Total Dollar Amount for this Billing Period** all state and local taxes, fuel adjustment charges and system charges (minimum bill or base charge). Exclude merchandise, repairs, and service charges. If the household is on the budget plan, do not provide the budgeted bill; instead, provide the dollar amount that is the cost of the actual consumption in the period.

| If some other type of fuel was delivered to the household ("Other" was circled for type of fuel in Question 1), what fuel was sold? Write in the type of fuel on the lines below. If a mixture of fuels was sold, write in the types of fuels and the proportion of each. | Is this household currently your customer? ☐ Yes → Go to Question 6. ☐ No |
|---|---|
| | If no, what was the date when this household stopped being a customer of your company? Enter the date in the box below. If you don't know the date or the household was never a customer, check the appropriate answer below the box. |
| What is the capacity, in gallons, of this household's storage tank(s)? Enter the capacity for the two largest tanks (if there is more than one) in the boxes below. If the capacity is not known, write "Not Known" in the box. | / / Mth Day Year |
| | ☐ Don't know the date |
| | ☐ Household was never a customer |
| | What was the source of the information about deliveries to this household? Mark all sources of information that apply. |
| Tank #1 Tank #2 | From the company recordsAn estimate made by a company representative |
| Was this household your customer as of January 1, 2009? | ☐ Information secured from the customer |
| ☐ Yes → Go to Question 5.☐ No | 7. Please provide the following information for the person who completed this form. Please print. |
| If no, what was the date this household became a customer of your company? Enter the date in the box below. If you don't know the date or the household was never a customer, check the | Name: |
| | Company: |
| | Telephone: |
| | E-mail Address: |
| appropriate answer below the box. | Fax Number: |
| / / | Date: |
| Mth Day Year | USE THIS SPACE FOR ANY ADDITIONAL NOTES TO EXPLAIN YOUR ENTRIES ON THIS FORM |
| ☐ Don't know the date | |
| ☐ Household was never a customer | |
| | |
| | |
| l | |



Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and Zip Code

Or you may FAX the completed form to The Contractor at NNN-NNN-NNNN.

Form EIA-457G (2009) - Household Fuel Oil or Kerosene Usage Form; OMB No. 1905-0092, Expiring Month DD, 20YY



2009 Energy Consumption Survey

Answers to Frequently Asked Questions About the Household Fuel Oil or Kerosene Usage Form

What is the purpose of the Residential Energy Consumption Survey?

The Residential Energy Consumption Survey (RECS) collects data on energy consumption and expenditures in U.S. housing units. Over 15,000 statistically selected households across the U.S. have already provided information about their household, the physical characteristics of their housing unit, their energy-using equipment, and their energy suppliers. Now we are requesting the energy billing records for these households from each of their energy suppliers. After all this information has been collected, the information will be used to publish aggregate statistics on the consumption and expenditures of energy by U.S. households and used to help determine future U.S. energy needs.

What is the purpose of this form?

The purpose of this form is to obtain information on the total consumption of, and charges for, fuel oil or kerosene for the *household* identified on the front of the enclosed data collection form.

How do I know this is a valid U.S. Government survey?

All U.S. Government surveys are required to be reviewed by the U.S. Office of Management and Budget (OMB). An OMB approved survey will have a valid OMB number and expiration date on the data collection form. You are not required to respond to this form unless it displays a currently valid OMB control number. You will find the OMB approval number and expiration date at the top left-hand corner of this form. In addition, if you wish to contact someone at the U.S. Department of Energy to verify that this is a valid survey, call Chip Berry at (202) 586-5543 or you can e-mail him at james.berry@eia.doe.gov.

What data are to be reported?

The total consumption to be reported is all the individual amounts delivered to the household during the period from October 1, 2008 to March 31, 2009. If the household has been a customer at the specified address for less than this period, just report the household's consumption at that address for whatever period you have data in your records. All dollar amounts should be reported in U.S. dollars and cents.

Who is conducting the survey?

The sponsor of this survey, the Energy Information Administration of the U.S. Department of Energy, has contracted with a Contractor to collect the information for the Residential Energy Consumption Survey. The Contractor is a well respected survey research firm. You will return your completed forms to the Contractor.

How long will it take to complete this form?

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time of reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Why must I fill out this form? Why is my response mandatory?

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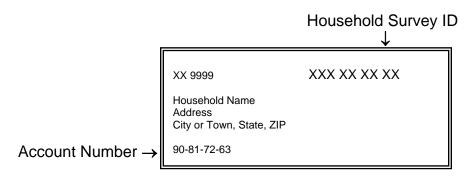
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What if I still have questions?

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